

V. S. No. 2
50M-5-42
Rev. 5-17-39
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3508 ✓

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 1 1943

Registration District No. 184

Primary Registration District No. 200

Registrar's No. 17

9600

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3049 Bellerive Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 15 years _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Bel - Nor, Normandy
(If outside city or town limits, write "RURAL")

(d) Street No. 3049 Bellerive Dr.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HENRY B. OELKERS

3. (b) If veteran, name war None

3. (c) Social Security No. 489-10-1079

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September 10, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>3</u>	<u>23</u>	_____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Book Binder

11. Industry or business Blackwell - Wielandy

12. Name Ferdinand Oelkers

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Anna Evers

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Louise Oelkers

(b) Address 3049 Bellerive Dr.

17. (a) Burial (b) Date thereof 1-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Cullen Kelly

(b) Address 7267 Natural Bridge

19. (a) JAN 5 - 1943 (b) H. McFarland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 2
year 1943 hour 3 minute P M.

21. I hereby certify that I attended the deceased from January 1
1943 to January 2, 1943;
that I last saw him alive on January 2, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac arrest

Due to _____

Due to _____

Other conditions H6
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature H. H. F. J. J. J. M.D. (M. D. or other)

Address 2807 N. Grand Date signed 1-4-43

Dr. Felton
2807 A. Howard
JE 3417

FEB 1 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Clement M. May

Licensed Embalmer No. 3732

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

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