S. No. 2
M—5-42
V—5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3509 /

Registration District No. FILED FEB 1 1943

Primary Registration District No. 111

Registrar's No. 225

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
7666 Dale Avenue. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Thirty Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")

(d) Street No. 7666 Dale Avenue.
(If rural, give location)

(e) Citizen of foreign country? None (Yes or No)

If yes, name country None

3. (a) PRINT FULL NAME ETHEL OLDHAM

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Thomas William Oldham

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased February (Month) 10th. (Day) 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
51	11	10	23 hr. 30 min.

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

10. Usual occupation Housewife

11. Industry or business At Home.

MOTHER FATHER

12. Name Paul Augustus Lilly

13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

14. Maiden name Lavetta Cheek

15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Thomas William Oldham

(b) Address 7666 Dale Avenue, Richmond Hgts.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/29/43 (Month) (Day) (Year)

(c) Place: burial or cremation Lucas Innis Protestant Cemetery Festus, Missouri.

18. (a) Signature of funeral director Watson-Bochelger

(b) Address 6536 Clayton Road, R. H. Mo.

19. (a) JAN 29 1943 (Date received by local registrar) (b) C. G. McGann, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26th. year 1943. hour 11:30P.M. minute M.

21. I hereby certify that I attended the deceased from Dec 17, 1942, to Jan 26th, 1943, that I last saw her alive on Jan 26, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lymphosarcoma	7 mo.
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — 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 [illegible] (M. D. ~~or other~~)

Address 3500 Cambridge Date signed 1-28-43

(Licensed Embalmer's Statement on Reverse Side)

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 Gy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address .....

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.