

S. No. 2
4-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4606
State File No.
1606
Registrar's No.

FILED MAR 2 1943
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **Saint Louis, Missouri.**
(c) Name of hospital or institution:
3808-A Marine Ave.
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri.** (b) County.....
(c) City or town..... **Saint Louis,**
(d) Street No..... **3808-A Marine Ave.**
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME..... **Emma Oelschlager.**
3. (b) If veteran, name war.....
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed.**
6. (b) Name of husband or wife..... **Emil**
6. (c) Age of husband or wife if alive.....
7. Birth date of deceased **July 21st, 1874.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 6 24
hr. min.

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

10. Usual occupation..... **At Home**

11. Industry or business.....

MOTHER FATHER {
12. Name..... **Unknown**
13. Birthplace..... **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Unknown**
15. Birthplace..... **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Emma Oelschlager.**
(b) Address..... **3808-A Marine Ave.**

17. (a) **Burial** (b) Date thereof..... **Feb. 18-43.**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **New St. Marcus Cemeter.**

18. (a) Signature of funeral director..... **Zeegenheim Bros.**
(b) Address..... **6408 Gravois Ave.**

19. (a) **FEB 18 1943** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **15th,**
year **1943.** hour **10** minute **0 P.** M.
21. I hereby certify that I attended the deceased from **Feb 2, 1943**
to **Feb 15, 1943.**
that I last saw her alive on **Feb 15, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Fecal Impaction**
Chronic Myocarditis
Arthritis
Due to **Arteriosclerosis.**

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)..... **No**
(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..... **Leroy E. Ellison M.D.** (M. D. or other) **M.D.**
Address..... **3616 So Broadway** Date signed **2-16-43**

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 W E Morris
Licensed Embalmer No. 3360
P. O. Address 6409 Gravois

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.