

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

FILED AUG 23 1943
Registration District No. **813**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1709 Marcus Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1709 Marcus Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Anne Louise Oakley**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Harter Oakley** 6. (c) Age of husband or wife if alive **73** years
7. Birth date of deceased **Apr. 5 1868**
(Month) (Day) (Year)

8. AGE: Years **75** Months **4** Days **12** If less than one day
..... hr. min.

9. Birthplace **Cleveland Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **John Worley**
13. Birthplace **Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret Cowin**
15. Birthplace **Isle Of Man**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harter Oakley**
(b) Address **1907 Marcus Ave.**

17. (a) **Cremation** (Burial, cremation, or removal) (b) Date thereof **8-20-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **Oak Grove Crematory**

18. (a) Signature of funeral director **Drehmann-Harral**
(b) Address **1905 Union Blvd.**

19. (a) **APR 23 1943** (b) **J.F. Brebeck**
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **17**
year **1943** hour **6** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **July 30 1943** to **Aug 17 1943**
that I last saw him alive on **Aug 17 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Del.**
Due to.....
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).....
(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 **Stanley Bernick** (M. D. or other)
Address **4957 Delmar** Date signed **Aug 18**

Duration

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 Warren A. Carver

Licensed Embalmer No: 35,34

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.