

7. S. No. 100M-2-13
5-17-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED
SEP 11 1943

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26952
Registrar's No. 7827

Registration District No. 818

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 4 weeks
In this community 59 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5634 Itaska Avenue
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Lillian A. Oonk
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 29
year 1943 hour 7 minute 00 P.M.
21. I hereby certify that I attended the deceased from July 29 '43
to Aug 29 1943
that I last saw her alive on Aug 28 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Walter G. Oonk 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June 15, 1884
(Month) (Day) (Year)

Immediate cause of death Pneumonia - Left Bronchial
Duration 4 Days
Due to 107
Due to _____

8. AGE: Years 59 Months 2 Days 15 If less than one day _____ hr. _____ min.
9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Other conditions Involuntarily Depressed 10 1/2 hrs
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy no

MOTHER FATHER { 11. Industry or business _____
12. Name John Primus
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Koch
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. Walter G. Oonk
(b) Address 5634 Itaska Street
17. (a) Burial (b) Date thereof Sept. 1, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue
19. (a) SEP 4 1943 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature Robert B. Bledsoe (M. D.)
Address 3720 Washington Date signed 8-30-43
St. Louis

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.....

Matthew J. McE Lahan, Registered Apprentice No. 352,
working under my personal supervision.

Signed Felix J. Kispin

Licensed Embalmer No. 3497

P. O. Address 1936 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.