

FILED MAR 13 1944 8

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 2115

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
421 N. Broadway / (St. Regis Hotel)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
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. 421 N. Broadway
(If rural, give location)

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

3. (a) PRINT FULL NAME Margaret Oehmsted

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

7. Birth date of deceased August 2, 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29
year 1944 hour 7.20 P. minute M.

21. I hereby certify that I attended the deceased from Sept. 7, 1943
_____ 19____ to February 29 _____ 1944
that I last saw her alive on Feb. 29 _____ 1944
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>6</u>	<u>27</u>	hr. _____ min. _____

Immediate cause of death
Carcinoma - Left Breast 4 yrs.
Left Lung 2 1/2 yrs.
Primary site unknown

Due to _____

Due to _____

Other conditions Immediate Chorea
(Include pregnancy within 3 months of death)

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

10. Usual occupation Knitter

11. Industry or business McClellan Sporting

MOTHER FATHER

12. Name Henry Williams

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

14. Maiden name Cynthia Denton

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Williams

(b) Address 421 N. Broadway

17. (a) Burial (b) Date thereof 3/3/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) MAR 2 1944 J. F. Bedeok
(Date received by registrar) (Registrar's signature)

PHYSICIAN

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 George H. Randleman (M. D. or other) 20
Address 812 Olive St. Date signed 3/2/44

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

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.....
Licensed Embalmer No.....
P. O. Address.....

Flornoy Eynock

1284

St. Louis Mo

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.