

S. No. 2
OM-2-43
v. 5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18199**
Registrar's No. **1279**

FILED JUN 11 1945
Registration District No. **8/7**

Primary Registration District No. **3064**

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Ferguson**
(If outside city or town limits, write "RURAL")
(d) Street No. **249 Randolph**
(If rural, give location)
(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Christian L. Oldenburg**
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **1**
year **1945** hour **6** minute **20A** P.M.

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Emma L. Oldenburg** 6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **May 20 1872**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **April 1943** to **June 1 1945**
that I last saw **her** alive on **June 25 1945**
and that death occurred on the date and hour stated above.

8. AGE: Years **73** Months **0** Days **11** If less than one day
hr. min.

Immediate cause of death.....
Cancer Pancreas

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

Due to.....
Due to.....
468

10. Usual occupation **Retired Farmer.**

Other conditions (Includes pregnancy within 3 months of death)
Major findings: Of operations.....
Of autopsy.....

11. Industry or business.....
12. Name **Frederick Oldenburg**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Fridarike Busack**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Emma Oldenburg**
(b) Address **Ferguson, Missouri.**

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.....

17. (a) **Burial** (b) Date thereof **6/4/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Lebeanon**
18. (a) Signature of funeral director **L. M. White**
(b) Address **Ferguson, Missouri**
19. (a) **JUN 5 1945** (b) **E. B. Morrison MD**
(Date received local registrar) (Registrar's signature)

23. Signature **A. J. Rivington** (M. D. or other) **MD**
Address **2342 Ashmun** Date signed **5/31/45**

JUL 17 1945

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 L. M. White
Licensed Embalmer No. 3973
P. O. Address Jersey

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.