

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35696

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10077**

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:
Christian Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....**29 days**
(Specify whether
In this community.....**65 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Missouri** (b) County.....**000**
(c) City or town.....**St. Louis** **2017**
(If outside city or town limits, write "RURAL")
(d) Street No.....**2249 r Sullivan Ave.** **9**
(If rural, give location)
(e) Citizen of foreign country?.....**9** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mr. Henry C. Oelkers**
(b) If veteran, name war.....**none**
(c) Social Security No. **none**

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced, **widowed**
6. (b) Name of husband or wife **late Lydia Oelkers**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **May 17th., 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 **6** **3** hr. min.

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

10. Usual occupation.....**retired**

11. Industry or business.....**unknown**

12. Name.....**unknown**

13. Birthplace.....**unknown**
(City, town, or county) (State or foreign country)

14. Maiden name.....**unknown**

15. Birthplace.....**unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Walter Oelkers**

(b) Address **2249 r Sullivan Ave..**

17. (a) **Burial** (b) Date thereof **11-23-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Zions Cemetery**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**
(b) Address **2223 St. Louis Ave.**

19. (a) **NOV 21 1945** (b) **J. F. Bredeek**
(Date of death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **20th.**
year **1945** hour **12:05 AM** minute..... M.

21. I hereby certify that I attended the deceased from **10-15-1945** to **Nov 20 1945**
(that I last saw him alive on **Nov 19th** 19.....)
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Pneumonia Lung.
Sec. Actelastark

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

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

Duration
30 day

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

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 **L. A. Mullen** (M. D. or other)
Address **2739 N. Grand** Date signed **11-20-48**

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

200 25 704 0512

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 *John P. Buchholz*
Licensed Embalmer No. *1674*
P. O. Address *2223 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.