

FILED DEC 9 1946

318

1003

Registration District No. _____

Primary Registration District No. _____

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 34 yrs. 8 mos. 10 ds.
(Specify whether years, months or days)
In this community 65 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1317
(d) Street No. 5400 Arsenal
(If rural, give location) 9
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

CHARLES OEHMSTEAD

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Mar
6. (b) Name of husband or wife Margaret Oehmstead 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 9 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Jerseyville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Cab Driver

11. Industry or business _____

12. Name Charles Oehmstead
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Aivna Beasley
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Clara Robinson
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 11/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Fdith E. Ambruster
(b) Address 4234 Manchester Ave.

19. (a) NOV 25 1946 J. F. Beesack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1946 hour 8.05 minute A. M. _____
21. I hereby certify that I attended the deceased from March 24 46
1 1946 to Nov. 24 46
that I last saw him alive on Nov. 24 46
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Hemorrhage

Duration

1 da.

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) _____ means of injury _____

23. Signature Jack Waldman (M. D. or other) _____
Address 5400 Arsenal Date signed 11/24/46

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..... *Henry Egnat*.....

Licensed Embalmer No..... *1284*.....

P. O. Address..... *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.