

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. **318** 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:
St. Anthony Hospital **O**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether
in this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County..... **aaa**
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") **15/17**
(d) Street No. 4262 Louisiana Ave.
(If rural, give location) **9**
(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

3. (a) PRINT FULL NAME Mildred Oldeg
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 8th
year 1947 hour 8 minute 15 P. M.
21. I hereby certify that I attended the deceased from Jan
1947 to May 8 1947
that I last saw her alive on May 8 1947
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..... Dr. Harry W. Oldeg
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased October 1 1880
(Month) (Day) (Year)

Immediate cause of death.....
Myocardial Infarction, recurrent.
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

8. AGE: Years Months Days If less than one day
66 7 7 hr. min.

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

10. Usual occupation At home

11. Industry or business.....

12. Name Adam Mozer

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Regelman

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Harry W. Oldeg

(b) Address 4262 Louisiana Ave.

17. (a) Burial (b) Date thereof May 10, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) MAY 9 1947 (b) J. F. Bredeck
(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) (e) Means of injury.....

23. Signature Joseph E. Carney (M. D. or other) **240**

Address 1906 Olive St Date signed 5-9-47

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

MOTHER FATHER

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 Louise B. Percy
Licensed Embalmer No. 4094
2842 Meramec St.
P. O. Address St. Louis, Missouri.

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.