

B. No. 2
1-8-43
5-17-39
P1 X37823

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

19564

State File No.

FILED JUN 19 1947

Registrar's No. 1171

Registration District No.

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Clayton Kropp Roads 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 38 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. Clayton & Kropp Roads
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th
year 1947 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 8, 1947 to June 8, 1947;
that I last saw him alive on June 8, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to Arteriosclerosis
Due to 940

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations X
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
Signature W. H. Mueller (M. D. or other) _____
Address 634 N. Grand Date signed _____

3. (a) PRINT FULL NAME ALBERT H. OEHLER
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 Married
6. (b) Name of husband or wife Frieda Luehrmann 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased June 15, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 11 24 hr. min.

9. Birthplace Iron Mountain, Missouri 6
(City, town, or county) (State or foreign country)

10. Usual occupation Real Estate Broker

11. Industry or business Self

MOTHER FATHER { 12. Name Charles Oehler
13. Birthplace Iron Mountain, Missouri 6
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Saling
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frieda Oehler
(b) Address Clayton, Missouri

17. (a) Burial (b) Date thereof June 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Concordia Cemetery

18. (c) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue

19. (a) 6-12-47 (b) W. H. Mueller
(Date received local registrar) (Registrar's signature)

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

R.S. Amethes
6342V

JUL 1 1947

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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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

Neal Paulson

Licensed Embalmer No. *4114*

P. O. Address *1936 St. Louis Ave*

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.