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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22870

State File No. _____

FILED JUL 3 1947

Registrar's No. 1363

Registration District No. _____

Primary Registration District No. 3069

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town - Clayton - Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hosnital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 2 weeks (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Florissant
(If outside city or town limits, write "RURAL")
(d) Street No. 405 Clark Avenue
(If rural, give location)
(e) Citizen of foreign country? --- (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna M. Oellein

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George J. Oellein 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Sept. 25 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	7	27	hr. min.

9. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER { 12. Name Henry Schlueter
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Williams
15. Birthplace St. Louis Co.
(City, town, or county) (State or foreign country)

16. (a) Informant George J. Oellein

(b) Address Florissant, Missouri

17. (c) Burial (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Salem Lutheran

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Mo

19. (a) 6-27-47 (b) Carl J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1947 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from May 1, 1947 to June 22, 1947
that I last saw her alive on June 21 and that death occurred on the date and hour stated above.

Immediate cause of death In operation Cerebral Metastases
Due to Cancer Cervix Uteri Grade IV

Duration
2 weeks
7 weeks
2 yrs.

Other conditions (Include pregnancy within 3 months of death) 4 8 0 0

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)
(b) Means of injury _____
23. Signature Roy G. Roedelker (M. D. or other) MD
Address Luther 13549 Date signed 6/27/47

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

6
8

REC 8 1947

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 Jergesen, 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.