

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-032825

FILED VS OCT 2 1959

160

Registration District No. 3029

Registrar's No. 142

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CRYSTAL CITY		c. CITY OR TOWN CRYSTAL CITY	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Pittsburgh Plate Glass Co.		d. STREET ADDRESS 209 TAYLOR, AVE.	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First RICHARD Middle W. Last OLDHAM JR.			4. DATE OF DEATH Month 9 Day 21 Year 59		
---	--	--	---	--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-24-03	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	------------------------------------	-------------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BENDER	10b. KIND OF BUSINESS OR INDUSTRY P.P.G. CO.	11. BIRTHPLACE (City and state or country) ELWOOD, IND.	12. CITIZEN OF WHAT COUNTRY USA
--	--	---	---

13a. FATHER'S NAME RICHARD W. OLDHAM SR.	13b. MOTHER'S MAIDEN NAME ELIZA B. TAGG	14. NAME OF HUSBAND OR WIFE BERDELL
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. No	17. INFORMANT MRS R. W. OLDHAM CRYSTAL CITY, MO.	Address
---	--------------------------------------	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) VENTRICULAR FIBRILLATION		INTERVAL BETWEEN ONSET AND DEATH 15 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Myocardial Infarction	unknown
	DUE TO (c) Coronary thrombosis	unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
---	---	--

20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
--	--	--	------------------------------	--------	-------

21. I attended the deceased from Nov 1957 to Sept 1959 and last saw him alive on Sept 19, 1959 Death occurred at 3:15 P. on the date stated above, and to the best of my knowledge, from the causes stated.	
---	--

22a. SIGNATURE <i>Kenneth C. Price</i>	(Degree or title) <i>Min.</i>	22b. ADDRESS 52 Maryland Plaza, St. Louis	22c. DATE SIGNED 9-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-24-59	23c. NAME OF CEMETERY OR CREMATORY CATHOLIC CEM.	23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.

24. FUNERAL DIRECTOR GENTRY R. POLITTE CRYSTAL CITY, MO.	25. DATE RECD. BY LOCAL REG. 9-24-59	26. REGISTRAR'S SIGNATURE <i>James G. Rigdon</i>
--	--	---

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 5 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Gentry P. Politt

Licensed Embalmer No. 348

P. O. Address Crystal

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.