

FILED VS OCT 6 1960

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STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 4 days	c. CITY OR TOWN St. Louis
c. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3901 Carter Avenue

3. NAME OF DECEASED (Type or print) First Lester Middle L. Last Oatman			4. DATE OF DEATH Month September Day 28 Year 1960	
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5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-13-1891	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY Chicago, Burlington & Quincy Railroad	11. BIRTHPLACE (City and state or country) Fort Madison, Iowa.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Harry Oatman	13b. MOTHER'S NAME Clare Alden	14. NAME OF HUSBAND OR WIFE
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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. 707-09-5895	17. INFORMANT Address Mr. Lawrence Oatman, 8715 37th Ave. Jackson Heights, N. Y.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) DUODENAL HAEMORRHAGE		5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) RECURRENT DUODENAL ULCER	5 yrs.
	DUE TO (c) HYPERTENSION 541.0	5 yrs.
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 checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour 7:30 a.m. / p.m.	Month, Day, Year
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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 St. Louis County, Missouri	COUNTY	STATE
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21. I attended the deceased from **11-8-51** to **9-28-60** and last saw her/him alive on **9-27-60**
Death occurred at **7:30 a** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Carl Smith</i> (Degree or title) M.D.	22b. ADDRESS 4020a W. Florissant Ave., (7)	22c. DATE SIGNED 9-29-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 10-1-60	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR ADDRESS Math Hermann & Son, Inc. 2161 E. Fair	25. DATE RECD. BY LOCAL REG. SEP 29 1960	26. REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed W. J. Ford & Burns

Licensed Embalmer No. 4218

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.