

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

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8489

-61-034751

AMENDED

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____ STATE FILE NUMBER

FILED SEP 18 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b <i>40 years</i>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY		c. CITY OR TOWN <i>St. Louis</i>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Lukes Hospital</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>3939 Minnesota Avenue</i>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Fred Lorenzo Oatman</i>					4. DATE OF DEATH Month Day Year <i>September 11, 1961</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>6/2/83</i>	9. AGE (last birthday) <i>78</i>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Musician</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Retired 1952</i>		11. BIRTHPLACE (City and state or country) <i>O'Fallon, Illinois</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Peter Oatman</i>			13b. MOTHER'S MAIDEN NAME <i>Anna Morningstar</i>			14. NAME OF HUSBAND OR WIFE <i>Viola Oatman</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>			16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>Mrs Viola Oatman, 3939 Minnesota Avenue</i>			
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i>								INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		DUE TO (c) <i>331x</i>			
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 Month, Day, Year a.m. p.m.								
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 <i>8-1961</i> , to <i>9-11-1961</i> and last saw ^{her} him alive on <i>9-11-61</i> Death occurred at <i>9 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Paul O. Hagemann M.D.</i>					22b. ADDRESS <i>3720 Washington</i>		22c. DATE SIGNED <i>9/12/61</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Sept 14, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Mausoleum</i>		23d. LOCATION (City, town, or county) <i>St. Louis County Missouri</i>		(State)	
24. FUNERAL DIRECTOR ADDRESS <i>Shepard Funeral Home, 1167 Hamilton Ave</i>				25. DATE RECD. BY LOCAL REG. <i>SEP 12 1961</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>		

