

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026244

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6502** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 28 1963

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b **60 Years**

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Luke's Hospital** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **5252 Lansdowne Ave** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **Elizabeth NMN Oechsle**

4. DATE OF DEATH Month Day Year **June 19, 1963**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **2/10/1877** 9. AGE (last birthday) **86**

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House wife**

10b. KIND OF BUSINESS OR INDUSTRY **Own Home**

11. BIRTHPLACE (City and state or country) **Highland, Illinois**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Jacob Kunz** 13b. MOTHER'S MAIDEN NAME **Carrie Greb** 14. NAME OF HUSBAND OR WIFE **Hugo Oechsle**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) **No None**

16. SOCIAL SECURITY NO. **904.7-45** 17. INFORMANT Address **Mr Elmer H. Oechsle 5252 Lansdowne Ave**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **HEART FAILURE**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) **SENILITY**

DUE TO (c) **FRACTURE, ~~NECK~~ INFECTROCHONTERIC, FEMOR RIGHT.**

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) **Fell at NURSING HOME**

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year **6-16-63**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **3c MARIE DeVILLA NURSING HOME**

20f. CITY, TOWN, OR LOCATION COUNTY STATE **CLAYTON RD. ST. LOUIS CO. MO**

21. I attended the deceased from **6-16-63** to **6-19-63** and last saw her/him alive on **6-19-63**

Death occurred at **1:30 p.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Yelan P. Blair M.D.** 22b. ADDRESS **100 N. Euclid, St. Louis MO.** 22c. DATE SIGNED **6-20-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6/21/63** 23c. NAME OF CEMETERY OR CREMATORY **Laurel Hill Gardens** 23d. LOCATION (City, town, or county) (State) **St. Louis Co, Missouri**

24. FUNERAL DIRECTOR ADDRESS **Alexander & Sons 6175 Delmar Blvd** 25. DATE RECD. BY LOCAL REG. **JUN 20 1963** 26. REGISTRAR'S SIGNATURE **Ed Smith MO**

USE BLACK INK OR TYPEWRITER RIBBON

Dr. V.P. Blair

100 No. Euclid Ave

Fo. 1-1189

Call him at 12:30 P.M.

TAKE BY CORONER'S OFFICE
FOR O.K.

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 _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Allen Davis Jr.
Licensed Embalmer No. 4053

P. O. Address June 19-1963

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.

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