WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10318

File No. 2910

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis Mo. (No. 2613 University St St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Fred Oellerman

(a) Residence. No. 2613 University St., 20 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Oellerman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 2nd 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	74	1	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work General Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Oellerman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mary Oellerman
(Address) 2613 University St.

15. FILED Mar 25 1927 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 23rd 1927

17. I HEREBY CERTIFY That I attended deceased from Nov 10 1926 to March 23 1927 that I last saw him alive on 3-23-1927, and that death occurred, on the date stated above, at 10:00 PM.

131 THE CAUSE OF DEATH* WAS AS FOLLOWS:
1a Chronic Nephritis Disease
1b 1926
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis Chronic
(duration) yrs. 8 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. W. Barnes M. D

3/25/, 1927 (Address) 3800 Gravois

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peters

DATE OF BURIAL Mar 26 1927

20. UNDERTAKER Hy Leidner Und Co

ADDRESS 1417 N. Market St