

FEB 4 1936

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

Do not use this space.

4002

1. PLACE OF DEATH

County St. Louis
Carondelet
Township Jefferson Barracks
City Jefferson Barracks, Mo.

Registration District No. Missouri 1123
Primary Registration District No. 6248B
Veterans Administration Facility

File No. _____
Registered No. 35
St. _____ Ward _____

2. FULL NAME

MASSERAND, Oliver L.

(a) Residence, No. 1203 Tudor Avenue
(Usual place of abode)

St. _____ Ward _____

E. St. Louis, Ill.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

Un yrs. kno mos. Wn ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 18, 1890</u>		
7. AGE YEARS <u>45</u>	MONTHS <u>11</u>	DAYS <u>5</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chauffeur</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unavailable</u>
	10. Date deceased last worked at this occupation (month and year) <u>Unavailable</u>
	11. Total time (years) spent in this occupation <u>Unavail</u>

12. BIRTHPLACE (CITY OR TOWN) St. Clair County
(STATE OR COUNTRY) Illinois

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable

15. MAIDEN NAME Victorina

16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable

17. INFORMANT M. Schiley Clinical Records
(ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE Jan. 27 1936

19. UNDERTAKER C. Hoffmeister and L. Co.
(ADDRESS) 7014 So. Broadway

20. FILED Jan 27 1936 A. Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1935 19____ to January 23, 1936 19____

I last saw him alive on January 23, 1936. Death is said to have occurred on the date stated above, at 3:14 p.

The principal cause of death and related causes of importance were as follows:

<u>Chronic, nephritis, without edema</u>	Date of onset <u>Unkn.</u>
<u>Arteriosclerosis, general, with uremia</u>	<u>Unkn.</u>

Other contributory causes of importance:
None

Name of operation None Date of _____
Physical exam. clinical manifestations
What test confirmed diagnosis? _____ Was there an autopsy? No
laboratory and x-ray findings.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) C. W. HUGHES, M.D., Chief Med. Officer M. D.
Vet Adm. Facility, Jeff. Brks., Mo.
(Address)

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

