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.

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 39125

Township ..... Primary Registration District No. 1008 Registered No. 10156

City St Louis, Mo. (No. ....., City Sanitarium St. ..... Ward)

2. FULL NAME Henry Oehler,

(a) Residence, No. 2847 S. Jefferson Ave., St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 73 yrs. 7 mos. 10 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Oehler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 26, 1863

7. AGE: YEARS 73 MONTHS 7 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Blacksmith
10. Date deceased last worked at this occupation (month and year): About May 1936
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis, Missouri

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Germany

17. INFORMANT (ADDRESS): W.L. Moore, M.D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset DATE Oct. 9, 1936

19. UNDERTAKER (ADDRESS): Wacker Helderle 2331 S. Broadway

20. FILED OCT 8 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14, 1936 to Oct. 6, 1936
I last saw him alive on Oct. 6, 1936 Death is said to have occurred on the date stated above, at 11:45 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar- -pneumonia	10-5-36

108

Other contributory causes of importance:

Arteriosclerotic Heart Disease	9-14-36 x
Generalized Arteriosclerosis	9-14-36 x

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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? No
If so, specify .....
(Signed) W. L. Moore, M.D., M. D.
(Address) 5400 Arsenal St.