

REC'D MAY 10 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

12630

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St. Louis** (d) Street No. **3916 N. 22nd** Registered No. **32234**  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred **30** yrs. mos. ds. (f) How long in U. S., if of foreign birth? **56** yrs. **5** mos. **3** ds.

## 2. PRINT FULL NAME

**JESS ODER** **860**  
 (a) Residence, No. **3916 N. 22nd St.** St. **20** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 **ANNA ODER**  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 1 - 1881**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**56** **5** **3**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Labor City, Mo.**  
 10. Date deceased last worked at this occupation (month and year) **April 1, 1938** 11. Total time (years) spent in this occupation **4**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **SPRINGFIELD Ill.**13. NAME **MARTIN SCOTT ODER**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill.**15. MAIDEN NAME **GEORGIA JACKSON**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **INDIANA**17. INFORMANT (ADDRESS) **MRS ALBERT DESSEK 6110 AN BROADWAY**18. BURIAL, CREMATION, OR REMOVAL PLACE **FRIEDENS CEM.** DATE **APRIL 6 38**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **DIEDRICH F. HOME 8319 HALLS FERRY RD**20. FILED **APR 5 1938** **J. J. Bredeck** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

NO ATTENDING PHYSICIAN

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **APRIL 3 1938**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at **10:55 a.m.**

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

**Coronary Sclerosis.****Edema of Brain.****Chronic indurated hepatitis.**

Other contributory causes of importance:

**131**

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) **Alfred Perry** M. D.(Address) **Regent, Coroner**

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, me

Guy W Wilkinson or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis

**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 this body is not embalmed, above space should be left blank.**