

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
In this community 20 year
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2942 Market
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME David Oden 350

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-07-2721

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie Oden 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April 15 1893
(Month) (Day) (Year)

8. AGE: Years 47 Months 1 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Wilsonville Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business S. P. Malable Coatings

MOTHER FATHER
12. Name Margie Oden
13. Birthplace Wilsonville Ala
(City, town, or county) (State or foreign country)
14. Maiden name Jetta
15. Birthplace Ala
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Oden
(b) Address 2942 Market

17. (a) Shipped (b) Date thereof May 30 1940
(Burial, preparation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wilsonville Ala

18. (a) Signature of funeral director J. J. [unclear]
(b) Address 290 Franklin Ave

19. (a) MAY 27 1940 (b) J. J. [unclear]
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 25
year 1940 hour 5:10 minute A. M.

21. I hereby certify that I attended the deceased from 5-19- 1940, to 5-25- 1940;
that I last saw him alive on 5-25- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia, Rt. Middle 6 days

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature H. J. Lyman (M. D. or other) 5-27-1940
Address 2601 N. Whittier Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

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.