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7-39  
X21492

Registration District No. **338**

Primary Registration District No. **4201**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:** **FILED OCT 23 1940**

(a) County St. Louis

(b) City or town St. Louis MO  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
none  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

8. (a) PRINT FULL NAME Laura L. Oelphart

8. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife John Oelphart 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March 7, 1871  
(Month) (Day) (Year)

8. AGE: Years 69 Months 11 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Truedy Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business Gen

MOTHER, FATHER { 12. Name James P. Mornie

13. Birthplace Ill  
(City, town, or county) (State or foreign country)

14. Maiden name Irene Bonie

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John Oelphart

(b) Address St. Louis MO

17. (a) Burial (b) Date thereof 7-15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis G. F. M. Cemetery

18. (a) Signature of funeral director W. D. Haines

(b) Address St. Louis MO

19. (a) 7/14/40 (b) L. Oelphart  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis MO  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 13  
year 1940 hour 9:00 minute AM

21. I hereby certify that I attended the deceased from July 13, 1940 to July 13, 1940 that I last saw her alive on July 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death myocardial

Due to locus in cell of Purkinsh

Due to \_\_\_\_\_

Other conditions (Includes pregnancy within 3 months of death) 50

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy no

Duration 3 years

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 300  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Judith A. McLeod (M. D. or other) \_\_\_\_\_  
Address St. Louis MO Date signed 8/6/40

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.....

*W.D. Haines*

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

working under my personal supervision.

Signed..... *W.D. Haines* .....

Licensed Embalmer No. *942* .....

P. O. Address: *Gilman City, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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