

No. 2
4-13-49
5-17-39
PI X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18983
Registrar's No. 1080

Registration District No. 284

Primary Registration District No. 300

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Eureka
(c) Name of hospital or institution: Hawthorne Ave. Times Beach
(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)

3. (a) PRINT FULL NAME John Oakley
(b) If veteran, name was None
(c) Social Security No. 497-03-0969

4. Sex Male () 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Oakley
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased June 10th 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 9
If less than one day _____ hr. _____ min.

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Mover

11. Industry or business Baker Moving & Storage Co.

MOTHER FATHER { 12. Name Joseph Oakley
13. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Unknown
15. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Oakley
(b) Address Eureka Mo.

17. (a) Burial (b) Date thereof 5-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 22 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Eureka
(If outside city or town limits, write "RURAL")
(d) Street No. Hawthorne Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 19th
year 1941 hour 10 minute P.M. M.

21. I hereby certify that I attended the deceased from Sept. 13, 1940 to May 18, 1941
that I last saw him alive on May 9, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion
Due to arteriosclerosis and ventricular fibrillation
Due to hypertension
Other conditions (include pregnancy within 3 months of death) 300

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy none
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) _____
(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?

23. Signature [Signature] (Specify type of place) _____
While at work? _____ Means of injury _____
Address 1206-12 1/2 So. Chester St. (M. D. or other) _____
Date signed 5/24/41

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

m

1306
Dr. ...
Mo. Theatre Bldg. 11-1 P.M.

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 *Reinhold K. Lohm*

Licensed Embalmer No. *3395*

P. O. Address.....

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, fact should be so stated above.