

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF REGISTRATION

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30066
Registrar's No. 7405

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis**
(c) Name of hospital or institution.....
518 N. Spring Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... / (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Mo.** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **518 N. Spring Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME..... **Otto Oehmsted**
3. (b) If veteran, name war..... **None**
3. (c) Social Security No..... **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **5th.**
year **1941** hour **1** minute **30** P. M.

4. Sex..... **0 M.** 5. Color or race..... **W.**
6. (a) Single, widowed, married, divorced..... **M.**
6. (b) Name of husband or wife..... **W. Tyler Oehmsted**
6. (c) Age of husband or wife if alive..... **80** years
7. Birth date of deceased..... **Unk. Unk. 1860**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 **Unk** **Unk** hr..... min.....

Immediate cause of death.....
Coronary Hypertrophy
Coronary Sclerosis
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy.....

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

10. Usual occupation..... **Retired**

11. Industry or business..... **Waiter**

12. Name..... **Unk.**
13. Birthplace..... **Unk.**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unk.**
15. Birthplace..... **Unk.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mr. James Cahill**
(b) Address..... **518 N. Spring Ave.**

17. (a) **Burial** (b) Date thereof..... **9-13-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Galvary**

18. (a) Signature of funeral director..... **Arthur J. Donnelly**
(b) Address..... **3840 Lindell Blvd.**

19. (a) **SEP 13 1941** (b) **J. B. Bredick**
(Date received for filing) (Registrar's signature)

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).....
(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.....
23. Signature..... **Thomas F. Ellman** (M. D. or other) **3**
Address..... **Deputy Coroner** Date signed..... **9/17/41**

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

1816

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.

Myself

Signed *Glenn C. Henderson*

Licensed Embalmer No. *4146*

P. O. Address *St. Louis Mo.*

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.