

FILLED NOV 24 1941 791

Registration District No.

Primary Registration District No.

1003

Registrar's No. **7979**

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri.
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin Desloge Hospital.
(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 Emil Oelschlager.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-05-2531

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

6. (b) Name of husband or wife Emma Oelschlager 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 3rd, 1873.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>68</u>	<u>4</u>	<u>2</u>	hr. _____ min.

9. Birthplace Unknown Germany
(City, town, or country) (State or foreign country)

10. Usual occupation Cabinet Maker

11. Industry or business _____

12. Name Gotleib Oelschlager

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Emma Oelschlager

(b) Address 3808 Marine Ave.

17. (a) Burial (b) Date thereof Oct. 7th, 41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery.

18. (a) Signature of funeral director Ziegenhain Bros.
(b) Address 2623 Cherokee Street.

19. (a) NOV 10 1941 (b) J. J. Bueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town Saint Louis, 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3808 Marine Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 5th,
year 1941. hour 8 minute 45 A. M.

21. I hereby certify that I attended the deceased from Aug 10, 1941, to Oct 4 1941;
that I last saw him alive on Oct 4 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Embolism - Pulmonary
Myocardial infarction
Coronary atherosclerosis
Due to _____
Due to _____

Other conditions Myocardial infarction
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Myocardial infarction
Of operations _____
Of autopsy _____
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? _____

(Specify type of place) _____
While at work? Yes (e) Means of injury _____
23. Signature H. J. Moseley (M. D. or other) _____
Address 1004 So. 6th St. Date signed Oct 6-41

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

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1-11891

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... *W E Morris*

Licensed Embalmer No. *3360*

P. O. Address *2623 Cherokee*

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.