

FILED FEB 16 1942

Registration District No. **787**

Primary Registration District No. **111**

Registrar's No. **302**

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

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Richmond Heights**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1035 Yale**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **None**
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME **Susan E. Oels**
 3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed; married; divorced **Widowed**
 6. (b) Name of husband or wife **George P. Oels** 6. (c) Age of husband or wife if alive **19** years
 7. Birth date of deceased **Nov. 15, 1860**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	2	24	hr. min.

9. Birthplace **St. Genevieve Co., Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **James Pirkey**
 13. Birthplace **Va.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Wilcox**
 15. Birthplace **Unknown**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Esther L. Helmar**
 (b) Address **1035 Yale Ave.**

17. (a) **Burial** (b) Date thereof **2-11-1942**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Bourbon, Missouri**

18. (a) Signature of funeral director **Jay B. Smith**
 (b) Address **7456 Manchester**

19. (a) **FEB 10 1942** (b) **C. H. Mc. Daron**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. L.**
 (c) City or town **Richmond Heights**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1035 Yale**
 (If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Feb.** day **9**
 year **1942** hour **6** minute **A.** M.
 21. I hereby certify that I attended the deceased **Nov 1939**
 from **19** to **19**

that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Coronary Artery Disease**
 Due to **Diabetes**
 Due to **Arterio Sclerotic Heart Disease & Decompensation**
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: **None**
 Of operations **None**
 Of autopsy **None**

Duration
 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) Means of injury
 23. Signature **John P. Oels** (M. D. or other)
 Address **2648 Oakview** Date signed **7/10/42**

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.....

J. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Maplewood

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.