S. No. 2
M—1-4-41
v. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9043

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2486

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hosp. 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2½ mo. (Specify whether years, months or days)
In this community Life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9 000 17
(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")
(d) Street No. 4460 N. Taylor Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Joseph F. Oakes

3. (b) If veteran, name war None

3. (c) Social Security No. 497-03-3145

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mary Fischer Oakes

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June (Month) 11 (Day) 1884 (Year)

8. AGE: Years 57 Months 9 Days 6 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 6 (State or foreign country)

10. Usual occupation Cement Finisher

11. Industry or business

FATHER
12. Name Christian Oakes
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Magdaline Zimmer
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mary Oakes
(b) Address 4460N. Taylor Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot-Carroll
(b) Address 4600 Natural Bridge Ave.

19. (a) MAR 13 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17 year 1942 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from August, 1941, to March 17, 1942; that I last saw him alive on March 17, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Abscess - Metastatic. Fecal abscess lung; non Malignant no cancer

Due to Non T.B.

Due to

Other conditions Abscess of R Lung (Include pregnancy within 3 months of death)

Major findings:
Of operations 114d
Of autopsy 114d

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. L. Twedell (M. D. or other)
Address 4143 N. Newstead Date signed March 18 1942

(Licensed Embalmer's Statement on Reverse Side) D.L. TWEDELL

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 Sheldon Collier

Licensed Embalmer No. 3382

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.