

FILED JUN 29 1942  
791

State File No. \_\_\_\_\_  
Registrar's No. 5045

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution City Infirmary 2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 8 yrs  
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State St. Louis (b) County 17/3  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5800 Arsenal  
(If rural, give location)  
 (e) Citizen of foreign country? American (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ferdinand Oedekoven  
 (b) If veteran, name war nil  
 (c) Social Security No. nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th  
 year 1942 hour 2:10 minute A M.

4. Sex male 5. Color of race White  
 6. (b) Name of husband or wife nil  
 7. Birth date of deceased March 18 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased 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 Unknown Duration \_\_\_\_\_

8. AGE: Years 68 Months 2 Days 21  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

9. Birthplace Granville Ind  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Cigar maker  
 11. Industry or business Flork nil  
 12. Name Unknown  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Rose Saffron  
 15. Birthplace Ind  
(City, town, or county) (State or foreign country)

Other conditions Post. meningitis hemorrhagic  
(Include pregnancy within 3 months of death)  
 Major findings: left leg. Simple  
Of operations from years ago  
Of autopsy

16. (a) Informant Carl Saffron  
 (b) Address 648 Salex Ave. Rolla Mo.  
 17. (a) Cremation (b) Date thereof 6-10-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Valhalla Crematory  
 18. (a) Signature of funeral director Guy Miller  
 (b) Address 5041 Delmar Blvd  
 19. (a) JUN 7 1942 (b) J. F. Bredek  
(Date received local registrar) (Registrar's signature)

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 Loren A. Blaney (M. D. or other) MD  
 Address 5800 Arsenal Date signed 6-10-42

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

000  
17  
9

7-20-81

**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..... *John Ketter* .....

Licensed Embalmer No. 3880 .....

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.**