

FILED DEC 29 1942

Registration District No. **818** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 days**
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3932 N. Market St.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Kenneth William Oellermann**
3. (b) If veteran, name war _____ 3. (c) Social Security No. **489-16-9940**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **17th**
year **1942** hour **1** minute **15** A.M.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 16 1917**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **December 9th 1942** to **December 16 1942**
that I last saw him alive on **December 13th 1942**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
25 7 1 hr. _____ min.

Immediate cause of death: **Circulatory collapse incident to haemorrhage in Bant's syndrome**
Due to **Arteriosclerosis**
Due to **Bleeding from esophageal varices**
Other conditions: **Diabetes mellitus**
(Include pregnancy within 3 months of death)
Pulmonary tuberculosis
Major findings: **Splenomegaly (Spleen 5 lbs ago)**
Of autopsy: **Adhesions, tuberculosis, and**

Duration
3 days

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Office Manager advertising Co.**

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 _____

MOTHER FATHER
11. Industry or business _____
12. Name **William F. Oellermann**
13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Louise Jane Peraro**
15. Birthplace **Festus Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **William F. Oellermann**
(b) Address **3932 North Market St.**
17. (a) **Burial** (b) Date thereof **12-19-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**
18. (a) Signature of funeral director **Cullinan Bros.**
(b) Address **1710 N. Grand Blvd.**
19. (a) **DEC 18 1942** (b) **J. J. Braddock**
(Date received local registrar) (Register's signature)

23. Signature **Warren B. Mills, M.D.** (M. D. or other) _____
Address **BARNES HOSPITAL** Date signed **12-17-42**

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

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.....

Fred Trick

Licensed Embalmer No. 3186

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.