V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1942 18

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39162

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 10462

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town ..... (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17yrs.6mos.13dys. (Specify whether years, months or days)
In this community About 19years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 12 13
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9 21
(d) Street No. 2802½ Cass Ave. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MAMIE OELZEN
3. (b) If veteran, name war –
3. (c) Social Security No. –
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles Oelzen
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 12-24-1895 (Month) (Day) (Year)

8. AGE: Years 46 | Months 11 | Days 20 | If less than one day ..... hr. ..... min.
9. Birthplace Unknown (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation Housework
11. Industry or business .....
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant L. Deggen Dau
(b) Address 5400 Arsenal St
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Dec 14 1942 (Month) (Day) (Year)
(c) Place: burial or cremation DURO Ill.
18. (a) Signature of funeral director Harold Dashner
(b) Address Duro Ill
19. (a) DEC 15 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 14 year 1942 hour 8:40 minute P. M.
21. I hereby certify that I attended the deceased from 7-13-42, 19..., to 12-14-42, 19...; that I last saw her alive on 12-14-42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	
Myocardial Degeneration 1925x	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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 Anthony K. Bunch (M.D. or other)
Address 5300 Arsenal Date signed 12/17/42

(Licensed Embalmer's Statement on Reverse Side)

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 ..... not embalmed ....., Registered Apprentice No. .....,
working under my personal supervision.

Signed ..... Harold Dashner .....

Licensed Embalmer No. .....

P. O. Address ..... Dupo Ill. .....

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.