

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

233

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town..... St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4135 Washington, Ave.,
(If rural, give location)
(e) Citizen of foreign country?..... No. (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Dan W. Oviatt.

3. (b) If veteran, name war unknown 3. (c) Social Security No. unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased January 29, 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 11 9 hr. min.

9. Birthplace Milford, Conn.
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business Insurance salesman

12. Name Oviatt.

13. Birthplace unknown, Conn.
(City, town, or county) (State or foreign country)

14. Maiden name Nartha Pratt.

15. Birthplace Conn.
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Schebaum.

(b) Address 4135 Washington, Ave.,

17. (a) Cremation (b) Date thereof 1-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Oak Grove Crematory

18. (a) Signature of funeral director. C. R. Lupton & Sons.,

(b) Address 7233 Delmar, Bly.,

19. (a) JAN 9 1943 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8th
year 1943 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Empyema Lobar Pneumonia
Gyo-Arthritis

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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.....

23. Signature Alfred Perry (M. D. or other)

Address Alfred Perry Date signed 1/9/43

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

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

This Body

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 *Clarence H. Murray*

Licensed Embalmer No. *4011*

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.