

7. S. No. 2
OM-5-42
5-17-39
PI X32272

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11456
State File No. _____
Registrar's No. 678

ED APR 15 1943

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Ballwin, Mo.
(c) Name of hospital or institution: Pine Crest Nursing Home
(d) Length of stay: In hospital or institution 11 mo. 11 days
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~Mo~~ Pine Crest Home St. Louis
(c) City or town Ballwin
(d) Street No. Manchester Rd.
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Loane, Oliver
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 11
year 1943 hour 2 minute 14 P. M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, or unknown
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1865

21. I hereby certify that I attended the deceased from March 10, 1943, to March 11, 1943, that I last saw him alive on March 10, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months -- Days -- If less than one day -- hr. -- min.

Immediate cause of death: Chronic Myocarditis
Due to _____
Due to _____

9. Birthplace Illinois

Other conditions: Chronic Interstitial Nephritis
(Include pregnancy within 3 months of death)

10. Usual occupation Unknown

11. Industry or business None

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. (a) Informant Pine Crest Nursing Home

(b) Address Ballwin, Mo. Box 12

17. (a) Date of burial, cremation, or removal Washington, D.C. 3-15-43

(c) Place: burial or cremation

18. (a) Signature of funeral director W. R. Risher

(b) Address 6350 E. 12th St. St. Louis, Mo.

19. (a) 3-30-43 (Date received local registrar)
(b) [Signature] (Registrar's signature)

Major findings: Of operations _____
Of autopsy 1316

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____
23. Signature P. M. Janssen (M. D. or other)
Address Manchester, Mo. Date signed 3/13/43

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

26
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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.....

Licensed Embalmer No.....

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.