S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1944

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 19139

Registrar's No. 1237

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town Lemay, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2733 Granda Drive, Lemay, Mo. (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 St. Louis

(c) City or town Lemay (If outside city or town limits, write "RURAL")

(d) Street No. 2733 Granda Drive (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---------

3. (a) PRINT FULL NAME JOHN M. OXFORD

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Beckie Oxford

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

7. Birth date of deceased July (Month) 15 (Day) 1862 (Year)

8. AGE: Years 81 Months 10 Days 19 If less than one day hr. min.

9. Birthplace Holliday (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Retired

11. Industry or business ------

FATHER
12. Name John Oxford
13. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Martha Barnes
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)

16. (a) Informant C. H. Crowich,

(b) Address 2733 Granda Drive, Lemay, Mo.

17. (a) removal by rail (Burial, cremation, or removal) (b) Date thereof 6--3-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Holliday, Tenn.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 South Broadway, St. Louis, Mo.

19. (a) JUN 5- 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1944 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from Jan 14 1944, to June 3, 1944, that I last saw him alive on May 28, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of prostate

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration ?

51 b

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 [signature] (M. D. or other) M.D.

Address 6639 Ca- Date signed 6/3/44

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Harry J. Shumacher

~~Licensed~~ Embalmer No. 2679

P. O. Address 732 Tompkins

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.