

FILED OCT 7 1944

State File No. _____
Registrar's No. 2008

Registration District No. _____

Primary Registration District No. 3069

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

1. PLACE OF DEATH:
St. Louis
(a) County
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7364 La Veta Ave.
(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 96
(c) City or town Richmond Heights 1
(If outside city or town limits, write "RURAL")
(d) Street No. 7364 La Veta Ave. 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 28
year 1944 hour 7 P. M. minute _____ M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Richard 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 14, 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1
1944 to Sept 28 1944
that I last saw her alive on Sept 27 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 10 14 _____ hr. _____ min.

Immediate cause of death
Chronic myocarditis 4
" nephritis
Due to _____
Due to 1318
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____
12. Name Henry Klessendahl 4
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Emma Gillespie
(b) Address 7364 La Veta Ave.

17. (a) burial (b) Date thereof Oct. 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem.

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 _____

18. (a) Signature of funeral director Jay B Smith
(b) Address 7456 Manchester Ave, Maplewood, Mo.
19. (a) OCT 8 1944 (b) E. J. Maharran, M.D.
(Date received local registrar) (Registrar's signature) ama

23. Signature J. J. Harrison (M. D. or other) _____
Address 4903 Delmar Date signed 9/29/44

707

J. J. Homan

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 9454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.