

FILED MAR 9 1945 18

Registration District No.

Primary Registration District No. 1003

State File No.
Registrar's No. 1607

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:
6617 Tholozan
(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. 6617 Tholozan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Clarence W Oetzel

3. (b) If veteran, name war # 1 WW 3. (c) Social Security N390-03-4976

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Genevieve W Oetzel 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased 2 19 1896
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 28 If less than one day
.....hr.min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Mfg. Agent

12. Name William F Oetzel

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Laura Bicker

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Genevieve Oetzel

(b) Address 6617 Tholozan

17. (a) Cremation (b) Date thereof 2-20-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Valhalla Chapel of Memories
C. HOFFMEISTER COLONIAL MORTUARY

18. (a) Signature of funeral director.....

(b) Address 6464 Chippewa, St. Louis, Mo.,

19. (a) FEB 19 1945 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 17
year 1945 hour 11:00 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
Acute Myocarditis
with coronary atherosclerosis

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

Major findings:
Of operations.....
Of autopsy.....
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?

While at work..... (Specify type of place)
(e) Means of injury.....
23. Signed Alfred W. [Signature] (M. D. or other)
Address..... Date signed 2/19/45

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

00
17
9

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. Schumacher
Licensed Embalmer No. 2679
P. O. Address 732 Jemay Jaye

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.