

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18296

State File No. _____

FILED MAY 24 1945
Registration District No. 377

Primary Registration District No. 3070

Registrar's No. 868

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
102 Tulip Str.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80 Years. (Specify whether years, months or days)

In this community 80 Years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 102 Tulip Dr.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Von Oertzen

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Robert Von Oertzen

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

7. Birth date of deceased Dec. 3, 1859
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>4</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Bernard Geers

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

14. Maiden name Elizabeth Steinkamp

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

16. (a) Informant Mrs. Clara M. Flori

(b) Address 102 Tulip Dr. Webster

17. (a) Burial (b) Date thereof 4/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 2117 E. Grand Blvd.

19. (a) APR 10 1945 (b) E. B. McCowan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8 year 1945 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 26, 1944 to April 3, 1945
that I last saw her alive on April 5, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic myocarditis

Due to _____

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 glase)

(c) Means of injury _____

23. Signature A. A. Thomson (M. D. or other)

Address 3121 N Grand Date signed 4-7

(Licensed Embalmer's Statement on Reverse Side)

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

176
4

46
4

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

46

MAY 25 1945

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 *Lucy A. Moore*
Licensed Embalmer No. 3041
P. O. Address 2117 E. Grand

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.