

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 2/2/46
In this community 30 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME OAKLAND, Victor E. (Army)
A. (Correct)

3. (b) If veteran, name war World I 3. (c) Social Security No. Unknown

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

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

7. Birth date of deceased February 12 1891
(Month) (Day) (Year)

8. AGE: Years 55 Months 1 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Oscita, Michigan _____
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

12. Name Lewis Oakland

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

14. Maiden name Anna Johnson

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

16. (a) Informant Clinical Clerk Vet. Adm. Hosp.

(b) Address Jefferson Barracks, Missouri

17. (a) REMOVAL (b) Date thereof MARCH-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houghton, Michigan

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

(b) Address 7814 S. BROADWAY

19. (a) 3-76-46 (b) E. M. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5 North 9th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1946 hour 1:05 minute A M.

21. I hereby certify that I attended the deceased from 2/2/46 19____ to 3/12/46 19____
that I last saw h. im alive on March 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death ARTERIOSCLEROTIC ANEURYSM OF THORACIC AORTA WITH RUPTURE AND HEMORRHAGE INTO LEFT PLEURAL CAVITY

Due to _____

Due to _____

Other conditions NEPHRITIS CHRONIC
(Include pregnancy within 3 months of death)

Major findings: Of operations No Operation
Of autopsy Autopsy performed See cause of death.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? _____

Duration

UNK

PHYSICIAN

Underline the cause to which death should be charged statistically.

While at work _____ (Specify type of place) Means of injury _____

23. Signature L. E. STILWELL, M. D. (M. D. or other) _____
Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 3/12/46

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

5793

608

151

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, Paul
Homer Dill, Registered Apprentice No. _____
working under my personal supervision.

Signed Henry J. Skeremack
Licensed Embalmer No. 2679
P. O. Address 7814 S. Broadway

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.