

FILED MAY 3 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3527

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(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 MO (b) County _____
 (c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 4112 1/2 CLAYTON AVE
Memorial (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CARL ROSS OATMAN

3. (b) If veteran, name war WORLD WAR #1
 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife MARIE E
 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased DEC 14 1907
(Month) (Day) (Year)

8. AGE: Years 44 Months 4 Days 1
 If less than one day _____ hr. _____ min.

9. Birthplace VINCENNES IND 1
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business SELF

MOTHER FATHER

12. Name OTTO OATMAN 9

13. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

14. Maiden name NEKKE BERRY 9

15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant MARIE OATMAN

(b) Address 4112 1/2 CLAYTON AVE

17. (a) BURIAL (b) Date thereof 4 18 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SALEM MO

18. (a) Signature of funeral director KRIEGERHANSER

(b) Address 4228 SO. KINGS HIGHWAY

19. (a) APR 17 1946 (b) J. F. BRYCE
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15th
 year 1946 hour 7:05 minute P M.

21. I hereby certify that I attended the deceased from 4/13/46
 _____, 19____, to 4/15/46, 19____
 that I last saw h im alive on 4/15/46, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to Carcinoma of liver

Due to Carcinoma of rectum - Primary

Other conditions H/O
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____

Duration _____
 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? _____ (Specify type of place)
 Means of injury _____
 Signature N. M. T. [unclear] 4/16/46
(Date signed)
 Address 605 Lafayette

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

SEP 9 1946

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 Calvin D. McRessett

Licensed Embalmer No. 3024

P. O. Address.....

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.