

FILED JUN 6 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

17644

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1531 Angelrodt
(If not in hospital or institution, write street number or location)

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

3. (a) PRINT FULL NAME Esther E. Oldenberg

3. (b) If veteran, name war --

3. (c) Social Security No. ---

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Fred E.

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

7. Birth date of deceased Feb. 7 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	3	19	hr. _____ min.

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business _____

12. Name John Oscar DeWeez

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

14. Maiden name Unknown

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

16. (a) Informant Fred C. Oldenberg

(b) Address 1531 Angelrodt

17. (a) (Burial, cremation, or removal) Burial

(b) Date thereof 5/29/46
(Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Walter Helchule

(b) Address 3634 Gravois Ave.

19. (a) (Date received local registrar) MAY 28 1946

(b) (Registrar's signature) J. F. Bredeck

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. 1531 Angelrodt
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1946 hour 6 minutes A. M.

21. I hereby certify that I attended the deceased from April 2 1946 to May 26 1946
that I last saw him alive on 5-25-46, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
myocardial chronic
& valvular insufficiency

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death) 9/2

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? _____

23. Signature J. D. Geller (M. D. or other) _____

Address 2605 North

Date signed 5/27/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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.....

Frank J. Glend.

Licensed Embalmer No. *2675*

P. O. Address.....

St Louis Mo

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.