

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19738

State File No.

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1109

1. PLACE OF DEATH:
 (a) County... St. Louis
 (b) City or town... Jefferson Barracks, Missouri
 (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)
since May 2, 1947
 (d) Length of stay: In hospital or institution... 46 years (Specify whether years, months or days)

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... 1420 a Monroe Street
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME OAKES, Adolph E.
 3. (b) If veteran, name war WW-1
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife... Helen Oakes
 6. (c) Age of husband or wife if alive 34 years
 7. Birth date of deceased... 12 20 1900
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 5 11 hr. 0 min.

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

10. Usual occupation... Clerk

11. Industry or business... Civil Service

MOTHER FATHER { 12. Name... Unknown

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

14. Maiden name... Unknown
 (City, town, or county) (State or foreign country)

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

16. (a) Informant... Registrar, Vet. Adm. Hospital
 (b) Address... Jefferson Barracks, Missouri

17. (a) Burial (b) Date thereof 6/3/47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Valhalla Jewelry

18. (a) Signature of funeral director... L. E. Stilwell

(b) Address... 3710 N. Grand Blvd.

19. (a) 6-3-47 (b) Carl A. [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31st
 year 1947 hour 7:40 minute A M.

21. I hereby certify that I attended the deceased from May 2, 1947 to May 31, 1947
 that I last saw him alive on May 31, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Primary Carcinoma of Tail of Pancreas. Metastatic Carcinoma of Brain (Left cerebral hemisphere: temporal and parietal lobes, 1 each)
 Duration Unknown

Due to... 46 y
 Other conditions... Cerebral Edema Unknown
 (Include pregnancy within 3 months of death)

Major findings: Of operations... None

Of autopsy... See cause of death
PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

(e) 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?

While at work? L. E. Stilwell (City or town) (County) (State) (Date of injury) 0

23. Signature L. E. Stilwell, M.D., Clinical Director
 Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 5/31/47

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

JUL 16 1947

SEP 11 1947

JUN 12 1947

JUN 13 1947

JUN 10 1947

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 *W E Morris*.....

Licensed Embalmer No. *3360*.....

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.