S. No. 2
I—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 33260

Registrar's No. 8032

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2235 Brown Road /
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Overland 13
(If outside city or town limits, write "RURAL")
(d) Street No. 2235 Brown Road /
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Edwin G. Oldendorph
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife Elsa Oldendorph
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 20th. 1888 (Month) (Day) (Year)

8. AGE: Years 58 Months 9 Days 7 If less than one day hr. min.

9. Birthplace Belleville (City, town, or county) Ill. / (State or foreign country)
10. Usual occupation Auto Mechanic
11. Industry or business

FATHER
12. Name Henry Oldendorph
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown /
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Frohardt /
(b) Address 2235 Brown Road
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Churchyard
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) 10-2-47 (Date received local registrar) (b) Cecile J. Stupp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29th. year 1947 hour 6 minute 30 a. M.
21. I hereby certify that I attended the deceased from March 8, 1947, to 9-29, 1947 that I last saw him alive on 9-28, 1947 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Carcinoma of Stomach | 1 yr. |
| Due to — | |
| Due to — | |
| Other conditions (Include pregnancy within 3 months of death) — | |

Major findings: —
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause of 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) 0
While at work? — (e) Means of injury —
23. Signature Herman J. Klaeber (M. D. or other) 320
Address 9621 Kiehelang Date signed 9-29-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JAN 2 - 1948

9621 Lackland Road.

## 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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

**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.**