

S. No. 2
-12-45
5-17-39
PI X47070

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED JAN 5 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42727
State File No. _____
Registrar's No. 217

Registration District No. 310

Primary Registration District No. 3058

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

1. PLACE OF DEATH: **St Charles**
 (a) County **St Charles**
 (b) City or town **St Charles**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
407 South Main St
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **70 years**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St Charles** **92**
 (c) City or town **St Charles** **4**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **407 South Main St** **3**
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) **0**
 If yes, name country _____

3. (a) PRINT FULL NAME **Julia Oelklaus**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **12** day **2**
 year **1947** hour **4** minute **A** M.
 21. I hereby certify that I attended the deceased from
August, 1946 to **12 - 2**, 1947
 that I last saw her alive on **12 - 1**, 1947
 and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color, or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Julius Oelklaus**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: **June 28 1876**
 (Month) (Day) (Year)

Immediate cause of death **cerebral apoplexy** **2 days**
 Due to **Hypertension and generalized arterio sclerosis** **10 yrs?**

8. AGE:	Years	Months	Days	If less than one day
	70	5	4	hr. _____ min. _____

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace: **St Charles** **County** **Mo**
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

10. Usual occupation **House keeper**
Home

11. Industry or business _____
 12. Name **Fred Sparrenberg**
 13. Birthplace **Germany** **4**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Wilhelmina Thorg**
 15. Birthplace **Germany** **4**
 (City, town, or county) (State or foreign country)

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?

16. (a) Informant **Mrs Leona Debrecht**
407 South Main St St Charles Mo.
 (b) Address _____

17. (a) **Burial** (b) Date thereof **Dec. 5, 1947**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St John's Cemetery**

23. Signature **George E Kister** (M. D. or other) **MD**
 Address **St Charles, Mo** Date signed **12-3-47**
 While at work _____ (Specify type of place) (c) Means of injury _____

18. (a) Signature of funeral director **Harrison Ross**
 (b) Address **326 No. 6th St St Charles Mo.**
 19. (a) **12-24-47** (b) **Harrison Ross**
 (Date received local registrar) (Registrar's signature) **784**

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed

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..... *Arthur C. Davis*.....
Licensed Embalmer No. *2155*.....
P. O. Address..... *St Charles 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.