. S. No. 2
M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1948

Registration District No. 818

Primary Registration District No. 1003

State File No. 17899

Registrar's No. 5163

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4651 Lindell Blvd. (Rear) 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 21 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 600
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4651 Lindell Blvd. (Rear) 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Pauline Oehlert
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Ernst Oehlert
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 14, 1866 (Month) (Day) (Year)

8. AGE: Years 81 Months 10 Days 17 If less than one day hr. min.

9. Birthplace Hillsboro (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Christopf Huber
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Christina Karnfel
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Miss Mathilda Oehlert
(b) Address 4651 Lindell Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 5, '48 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cemetery
18. (a) Signature of funeral director Beiderwieden F. H. Inc.
(b) Address 1936 St. Louis Avenue
19. (a) JUN 4 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1st year 1948 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from May 28, 1948, to June 1, 1948; that I last saw her alive on June 1, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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)
While at work? — (e) Means of injury —

23. Signature John R. Daly (M. D. or other) MD
Address 2767 Gravois Ave Date signed 6/3/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Max L. Warfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave.

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.