No. 300
10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31662

FILED OCT 4 1948

Registration District No. 271

Primary Registration District No. 6076

Registrar's No. 2160

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(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)
(d) Length of stay: In hospital or institution 8 hours (Specify whether years, months or days)
In this community 55 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 8401 Midland Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME OLDENBURG, Fred A.
3. (b) If veteran, name war World I
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 Frieda
6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased May (Month) 3 (Day) 1893 (Year)

8. AGE: Years 55 Months 4 Days 13 If less than one day hr. min.

9. Birthplace Florissant, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Unavailable
13. Birthplace " (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name "
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9)20)48 (Month) (Day) (Year)
(c) Place: Burial or cremation Mt. Lebanon Cemetery
18. (a) Signature of funeral director Collier's Fu. Home
(b) Address 10123 St. Charles Rock Rd., St. Louis County
19. (a) 9-17-48 (Date received local registrar) (b) Cecil J. Sharpe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16 year 1948 hour 4:30 minute a. M.
21. I hereby certify that I attended the deceased from September 15, 1948 to September 16, 1948 that I last saw him alive on September 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
INTRA CEREBRAL HEMORRHAGE, RIGHT	Unk
Contributory cause: HYPERTENSIVE CARDIOVASCULAR DISEASE	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings:
Of operations
Of autopsy Autopsy performed (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:
(a) Accident, suicide, or homicide (specify) None
(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 L.E. Stilgell (M. D.)
Address VAH, Jeff. Bks. Mo. Date signed 9/16/48

(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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Louis, M

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.