

FILED SEP 29 1949

STANDARD CERTIFICATE OF DEATH

State File No. 29702

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 220

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

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City	
* 3. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If rural, give location) 709 E. High St.	
3. NAME OF DECEASED (Type or Print) a. (First) Hans Paul Albert Oechsle b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Sept 17-1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH May 8 1924
9. AGE (In years last birthday) 25		10. MONTHS 4	11. DAYS 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Rolla School	11. BIRTHPLACE (State or foreign country) Wuerzburg Germany 4
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Albert Oechsle	
13b. MOTHER'S MAIDEN NAME Louise Hofmann		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War 2		16. SOCIAL SECURITY NO. 500-07-0722	17. INFORMANT'S SIGNATURE OR NAME Albert Oechsle
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		17. ADDRESS Jefferson City, Mo.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		8 1/2	
ANTECEDENT CAUSES (b) Cerebral Laceration			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) Skull fracture			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		26	
19a. DATE OF OPERATION 9-17-49	19b. MAJOR FINDINGS OF OPERATION Cerebral Laceration		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 716 Osage Co. Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9-16-49 6 ⁰⁰ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? auto accident - on vel.	
22. I hereby certify that I attended the deceased from 9-16-1949 to 9-17-1949, that I last saw the deceased alive on 9-17-1949, and that death occurred at 1:55 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. A. Oeschman MD		23b. ADDRESS Jefferson City Mo.	23c. DATE SIGNED 9-17-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-20-49	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
DATE REC'D BY LOCAL REG. Sept. 19-1949	REGISTRAR'S SIGNATURE R.P. Davis MD - NR	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Victor Buesch Jefferson City, Mo.	

District File Number _____
District Health Officer No. 9,
RECEIVED
SEP 27 1949

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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 _____

working under my personal supervision.

Student Embalmer No. 315

Student Bill Hanson
Student Embalmer

Signed Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Giffuson City, Ill

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.