

STANDARD CERTIFICATE OF DEATH

6670

State File No.

FILED FEB 27 1952

318

1003

Registrar's No. 1048

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAINT LOUIS		c. LENGTH OF STAY (In this place) township) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAINT LOUIS		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION INCARNATE WORD HOSPITAL				d. STREET ADDRESS (If rural, give location) 1315 Temple Place			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) BRUNO		c. (Last) OECHSLE		4. DATE OF DEATH (Month) (Day) (Year) FEB. 1 1952	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 6/28/84	
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		11. BIRTHPLACE (State or foreign country) Marine, Ill		12. CITIZEN OF WHAT COUNTRY USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Mach. & Die Co		11. BIRTHPLACE (State or foreign country) Marine, Ill		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Oechsle			13b. MOTHER'S MAIDEN NAME Sophia Matthey			14. NAME OF HUSBAND OR WIFE Maria Mossett Dec'd 10/12/	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marjorie Oeshsle 1315 Temple Pl			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Valvular Heart disease INTERVAL BETWEEN ONSET AND DEATH Indefinite ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis DUE TO (c) Hypertension Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/438				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H. 1/4			
22. I hereby certify that I attended the deceased from 1:21:52, 19____, to 2/1/52, 19____, that I last saw the deceased alive on 2/1/52, 19____, and that death occurred at 9:45P m., from the causes and on the date stated above.							
23a. SIGNATURE Charles G. [Signature] M.D.				23b. ADDRESS 1927-A Union		23c. DATE SIGNED 2/1/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/4/52		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St Louis, Mo.	
DATE REC'D BY LOCAL REG. FEB 4 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert J. Ambruster, Inc 6633 Clayton			

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

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.

Signed.....
Student Embalmer

Signed

Ernest W. Spillers
4080

Licensed Embalmer No.

P. O. Address.....

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.