

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

17045

State File No.

FILED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 40

0500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MERAMEC</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>4 yrs-7 mo</u>		d. STREET ADDRESS (If rural, give location) <u>5239 WILBORN DR. 1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HILL INFIRMARY</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PHILLIP</u> b. (Middle) <u>DONAT</u> c. (Last) <u>OECHSNER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 28 1952</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>OCT. 12-1890</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>16</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCCER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>				11. BIRTHPLACE (State or foreign country) <u>BAVARIA, GERMANY</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>JOHN OECHSNER</u>			13b. MOTHER'S MAIDEN NAME <u>MARIA URLAUB</u>			14. NAME OF HUSBAND OR WIFE <u>MARIE WESSEL</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Brother Conroy</u> ADDRESS <u>St. Joseph's Hill</u>			
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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) <u>BRONCHIAL PNEUMONIA</u>						INTERVAL BETWEEN ONSET AND DEATH	
		ANCECEDENT CAUSES DUE TO (b) <u>CARDIAC INSUFFICIENCY</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>GENERALIZED ARTERIO-SCLEROSIS</u>							
		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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____	
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22. I hereby certify that I attended the deceased from 10/14, 1947, to APRIL 28, 1952, that I last saw the deceased alive on April 12, 1952 and that death occurred at 8:27A m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____		23b. ADDRESS <u>4323 ROLAND DRIVE</u>		23c. DATE SIGNED <u>4/28/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/30/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis</u> <u>MO</u>	
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DATE REC'D BY LOCAL REG. <u>5-6-52</u>		REGISTRAR'S SIGNATURE <u>Ruth J. [Signature]</u> <u>438</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rudolph Koeller</u> ADDRESS <u>5267 N. Florsheim St. St. Louis MO</u>	
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MAR 17 1952

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED MAY 13 1952

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm H. Buchholz

Licensed Embalmer No. 71107

P. O. Address 5267 W. Flannery St. Louis

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.