

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **29859**
 Registrar's No. **7723**

SEP 3 - 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 22549	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis 0		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis d	
c. LENGTH OF STAY (In this place) 1 day		d. STREET ADDRESS (If rural, give location) 24 2910 Lemp Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			
3. NAME OF DECEASED (Type or Print) Margaret		a. (First) Margaret	b. (Middle) Oakley
c. (Last) Oakley		4. DATE OF DEATH (Month) (Day) (Year) 8/22/52	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 15, 1878
9. AGE (In years, last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
10b. KIND OF BUSINESS OR INDUSTRY At Home		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Nierhoff		13b. MOTHER'S MAIDEN NAME Emma Norris	
14. NAME OF HUSBAND OR WIFE Charles			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Emma Kunst--5201 Blow		ADDRESS	
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 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Fr skull causing subdural hemorrhages; Fr of ribs, right causing hemorrhagic pleural cavity suffered when deceased</i>		II. OTHER SIGNIFICANT CONDITIONS <i>James Mazzoni at intersection Day 7th + Olive Sts. about 9:32 AM Aug 11, 1952</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Accident</i>	
20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) SUICIDE HOMICIDE <i>Accident</i>	21b. PLACE OF INJURY (e.g., home about home, farm, factory, street, etc.) <i>Street</i>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <i>St. Louis</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Aug 11 52 9:32</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>car</i> E8124	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>1155 P.M.</i> , from the causes and on the date stated above. 25			
23a. SIGNATURE <i>Patricia E. Taylor-Crooner</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>8.13.52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>8/14/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>New Picker Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>
DATE REC'D BY LOCAL REG. AUG 13 1952	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wacker-Wilderle</i> ADDRESS <i>3634 Gravois</i>	

WRITE PLAINLY—USING UNFADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 29645

P. O. Address 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.