

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12105

State File No.

FILED APR 4 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3270

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>2119</i>	
b. CITY OR TOWN <i>St Louis Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis Mo.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4365 Cote Brillante</i>		d. STREET ADDRESS (If rural, give location) <i>11 4365 Cote Brillante Ave</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>George</i> b. (Middle) <i>L.</i> c. (Last) <i>Oerey</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>3-24-1953</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>April 10 1887</i>
9. AGE (In years last birthday) <i>65</i>		10. MONTH <i>11</i>	11. DAY <i>13</i>
10a. USUAL OCCUPATION (Give kind of work doing during most of working life, even if retired) <i>Contractor</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Calmar Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13a. FATHER'S NAME <i>George Oerey</i>		13b. MOTHER'S MAIDEN NAME <i>Not known</i>	
13c. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Junita Oerey Palmer, Webster Groves Mo</i>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i> INTERVAL BETWEEN ONSET AND DEATH <i>13 days</i> ANTECEDENT CAUSES DUE TO (b) <i>Arterio Sclerosis</i> <i>unknown</i> DUE TO (c) <i>Hypertension</i> <i>unknown</i> 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"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <i>331X</i>		22. I hereby certify that I attended the deceased from <i>March 11, 1953</i> , to <i>Mar. 24, 1953</i> , that I last saw the deceased alive on <i>Mar. 24, 1953</i> and that death occurred at <i>1:05 Am.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>S. E. Moore MD</i>		23b. ADDRESS <i>809 N. Jefferson</i>	
23c. DATE SIGNED <i>3/26/53</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	
24b. DATE <i>3-27-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Peter's Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>St. Louis MO</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. L. Beal Und. Co.</i>	
25. ADDRESS <i>4303 Delmar</i>		DATE REC'D BY LOCAL REG. <i>MAR 27 1953</i>	
REGISTRAR'S SIGNATURE <i>H. Cash Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. L. Beal Und. Co.</i>	
25. ADDRESS <i>4303 Delmar</i>		25. ADDRESS <i>4303 Delmar</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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Daniel W. Hughes.....

Licensed Embalmer No. 4802.....

P. O. Address 3123 Park Pl......

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.