

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12106**

FILED MAR 18 1953

REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **2293**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1017a Eureka Place</b>		d. STREET ADDRESS (If rural, give location) <b>1017a Eureka Pl. 400</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Andrew</b> b. (Middle) <b>Lee</b> c. (Last) <b>Oden</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 25, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>10/10/1910</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years less birthday) <b>42</b>
11. BIRTHPLACE (State or foreign country) <b>Nashville, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>Clarence Oden</b>		13b. MOTHER'S MAIDEN NAME <b>Mable Meneers</b>	14. NAME OF HUSBAND OR WIFE <b>Clara Oden</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>498-14-6428</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clara Oden, 1017a Eureka Place</b>
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 yr</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 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?		<b>002X</b>	
22. I hereby certify that I attended the deceased from <b>Jan 19th, 1953</b> , to <b>Feb. 25, 1953</b> , that I last saw the deceased alive on <b>Feb 24, 1953</b> , and that death occurred at <b>9:00 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. J. Jaquet</b>		23b. ADDRESS <b>302 Jefferson</b>	
23c. DATE SIGNED <b>Feb-25-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3/2/53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>FEB 28 1953</b>		REGISTRAR'S SIGNATURE <b>Charles J. Gates</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Charles J. Gates</b>		ADDRESS <b>4107 Finney Ave.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....  
Student Embalmer

Signed *Thomas J. Liles*.....  
Student Embalmer No.....

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.