

FILED OCT 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34666

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2520

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Affton 23.</u>		c. LENGTH OF STAY (in this place) <u>24 days</u>	c. CITY OR TOWN <u>St. Louis 23.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miller Nursing Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) <u>Frank</u>		a. (First) _____ b. (Middle) _____ c. (Last) <u>Oehmke</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 - 26 - 53</u>
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>11-17-1877</u>
9. AGE (In years last birthday) <u>75 yrs.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Urbana, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Linotype Oper.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unk.</u>	14. NAME OF HUSBAND OR WIFE <u>Maude Oehmke</u>
13a. FATHER'S NAME <u>Charles Oehmke</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Frank</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jack Oehmke</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	ADDRESS <u>7808 Parkwood Dr.</u>
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) <u>Carcinoma of Prostate</u> INTERVAL BETWEEN ONSET AND DEATH <u>Jan - 53</u> 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. <u>177X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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?	
22. I hereby certify that I attended the deceased from <u>Sept 1</u> , 19 <u>53</u> , to <u>Sept 25</u> , 19 <u>53</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. Walter, M.D.</u>		23b. ADDRESS <u>3608 Grandwood</u>	
23c. DATE SIGNED <u>Sept 26 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/27/53</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>G. A. R. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Homer, Illinois</u>	
DATE REC'D BY LOCAL REG. <u>9/26/53</u>		REGISTRAR'S SIGNATURE <u>Heberbert R. ...</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Schmal</u>		ADDRESS <u>3125 Lafayette Ave.</u>	

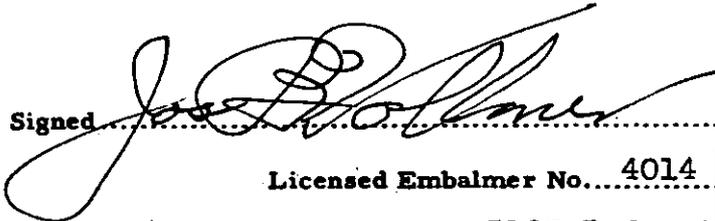
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4000 4

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.