

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40957**  
Registrar's No. **10232**

FILED NOV 19 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>2207</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) <b>87 yrs.</b>	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>20 2913 Benton St.</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) <b>ARTHUR F. OEHMEN</b>		a. (First)	b. (Middle)	c. (Last)
<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>OCTOBER 27, 1953</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 7, 1861</b>	9. AGE (In years last birthday) <b>91</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Floral Designer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Mullanphy Florist</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Quincy, Illinois</b>	12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Peter Oehmen</b>		13b. MOTHER'S MAIDEN NAME <b>Fredericka Leaton</b>	14. NAME OF HUSBAND OR WIFE <b>Annie</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>none</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Annie Oehmen</b> ADDRESS <b>2913 Benton St.</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, asthemia, etc. It means the disease, injury, or complication which caused death.	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</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) _____			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" 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>491X</b>		
22. I hereby certify that I attended the deceased from <b>10-26-53</b> , 19____, to <b>10-27-53</b> , 19____, that I last saw the deceased alive on <b>10-27-53</b> , 19____, and that death occurred at <b>8:20A</b> m., from the causes and on the date stated above.				
23a. SIGNATURE <b>Richard J. Dimes MD</b> (Degree or title)		23b. ADDRESS <b>1515 Lafayette Avenue</b>	23c. DATE SIGNED <b>10-27-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>10-30-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>OCT 28 1953</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Calvin F. Feutz</b> ADDRESS <b>4828 Natural Bridge Blvd.</b>		

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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..... *Ralph Linders* .....

Licensed Embalmer No..... *42* .....

P. O. Address .....

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.