

XC-2057 866
SL 277

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13902**
Registrar's No. **3387**

REG. #277

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			
b. CITY OR TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (In this place) 13 days		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 2944A MICHIGAN			
3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) J. c. (Last) OLDENETTEL			4. DATE OF DEATH APRIL 14, 1954 (Month) (Day) (Year)		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12/24/91	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTENDANT		10b. KIND OF BUSINESS OR INDUSTRY HOSPITAL	11. BIRTHPLACE (City and State or Foreign Country) MORO, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME WILLIAM OLDENETTEL		13b. MOTHER'S MAIDEN NAME CHRISTINA JOHNSON	14. NAME OF HUSBAND OR WIFE HENRIETTA OLDENETTEL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) YES	16. SOCIAL SECURITY NO. WA-1	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MO. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) POST OPERATIVE HEMORRHAGE 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. LYMPHOSARCOMA STOMACH				INTERVAL BETWEEN ONSET AND DEATH UNK
19a. DATE OF OPERATION 4-14-54	19b. MAJOR FINDINGS OF OPERATION Lymphosarcoma of Stomach (Gastrectomy)				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) 200.1		21d. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA	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 4/7 , 1954, to 4/14 , 1954, and that death occurred at 10:20P m., from the causes and on the date stated above.					
23a. SIGNATURE J. T. Kaminski M.D. (Degree or title)		23b. ADDRESS VAH, ST. LOUIS, MO.		23c. DATE SIGNED 4/15/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4-16-54	24c. NAME OF CEMETERY OR CREMATORY Bunker Hill Cemetery	24d. LOCATION (City, town, or county) (State) Bunker Hill, Illinois,		
DATE REC'D BY LOCAL REG. APR 15 1954	REGISTRAR'S SIGNATURE Carl Smith MO	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington.			

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 em

by me, ~~_____~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elton R. Remelun*.....

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

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.