

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29405

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>2717</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>1933</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		a. STATE Missouri		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Richmond Heights		c. LENGTH OF STAY (If in this place) 1 DAY		c. CITY OR TOWN St. Louis		d. Is 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 St. Mary's Hospital				e. STREET ADDRESS (If rural, give location) 6241 Southwood 2059			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) ADELE		b. (Middle) OYLER		c. (Last)		5. DATE (Month) (Day) (Year) 8/7/1954	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 5/14/1882	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Thomas J. Rowe		13b. MOTHER'S MAIDEN NAME Elizabeth O'Neil		14. NAME OF HUSBAND OR WIFE Bruce B. Oyler			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Guy Yeldell 15 Maryhill, Ladue Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION Cerebral Hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriohypertensive Vasc Disease?</u>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 18 hours	
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) m.		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 Aug 6, 1954, to Aug 7, 1954, that I last saw the deceased alive on <u>12<sup>30</sup> Aug 19 54</u> , and that death occurred at <u>12<sup>30</sup> Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Nashuisella M S				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 8/7/54	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8/9/54		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 8/9/54		REGISTRAR'S SIGNATURE Herbert R. Tompkins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stock Mortuary 889 S. Brentwood Blvd			

✓  
**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 *Frank A. Moore*.....

Licensed Embalmer No. *304*

P. O. Address *2117 E. 1st*

**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.**