

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32310

FILED SEP 26 1956

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8104**

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D O A City Hosp				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 3245 S Jefferson	
3. NAME OF DECEASED (Type or print) First Birnie Middle T Last Oldham				4. DATE OF DEATH Month Aug. Day 31 Year 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH May 9, 1894	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baggage Porter		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Greenfield, Tenn		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME William Oldham				14. MOTHER'S MAIDEN NAME Margie Williams			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address Mrs. W L Oldham 3415 Salena St.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-Sclerotic Heart Disease							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c) 420.0			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ Month, Day, Year a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Nov-1954 to 8-31-56 and last saw her alive on 8-29-56 Death occurred at 10A: m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>E. Fendler</i>				22b. ADDRESS 812 Olive St. St. Louis		22c. DATE SIGNED 9/1/56	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		23b. DATE 9/2/56		23c. NAME OF CEMETERY OR CREMATORY Greenfield, Tenn		23d. LOCATION (City, town, or county) (State) Greenfield, Tenn	
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Bl.				25. DATE RECD. BY LOCAL REG. SEP 4 1956		26. REGISTRAR'S SIGNATURE <i>Carl Smith MS</i> mJB	

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..... *Harry J. Schum*

Licensed Embalmer No. *26*

P. O. Address *5611 S. G.*

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