

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

57-022786  
STATE FILE NUMBER  
5565  
Registrar's No.

FILED JUN 20 1957

Registration District No. 318 Primary Registration District No. 1003

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Fulton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Canton</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Ermin Dealoge Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>32 437 No. 10th St</b>	
3. NAME OF DECEASED (Type or print) First <b>Cloyd</b> Middle <b>H</b> Last <b>Oberholtzer</b>		4. DATE OF DEATH Month <b>June</b> Day <b>13</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 14, 1902</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Crane Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>55</b>
11. BIRTHPLACE (City and state or country) <b>Wheeler, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Henry Oberholtzer</b>		14. MOTHER'S MAIDEN NAME <b>Ethel Stillwell</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>342-09-5686</b>	17. INFORMANT Address <b>Mardell Oberholtzer, Canton, Ill.</b>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARDIAC DECOMPENSATION</b> DUE TO (b) <b>MITRAL VALVULITIS</b> DUE TO (c) <b>RHEUMATIC HEART DISEASE</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>PULMONARY FIBROSIS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>6 MO.</b> <b>YEARS</b> <b>YEARS</b>
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.) <b>410x</b>		
20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Apr 29 1957</b> to <b>June 13, 1957</b> and last saw <del>him</del> <sup>her</sup> alive on <b>June 13 1957</b> Death occurred at <b>12:20 A. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated			
22a. SIGNATURE (Degree or title) <b>Herbert C. Sweet M.D.</b>		22b. ADDRESS <b>508 N. GRAND</b>	22c. DATE SIGNED <b>6-13-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6-13-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Local</b>	23d. LOCATION (City, town, or county) (State) <b>Canton, Ill.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 14 '57</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D. S.P.</b>

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St. Louis

137 No. 10th St

Firmen Deafeye Hospital

June 13, 1927

Operator

H

Clay

22

1111 1/2

White

Male

A.C.U.

Wheelers, Illinois

Trane Operator

Henry Stillwell

Henry Operator

312-02-2888 Marshall Operator Canton, Ill.

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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, ~~on~~..... Student Embalmer No..... working under my personal supervision.

Student..... Signature of Student Embalmer

Signed *Elton H. Resmelius*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

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.

Albert H. Hobbs, 1700 Washington Blvd.