

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016255
State File No.

FILED APR 18 1958

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3909**

| | | | | | |
|---|----------------------------|--|---------------------------------------|---|--|
| 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, write RURAL and give town) St. Louis | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN St. Louis Mo | |
| d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) 40 Missouri Pacific 179 | | STREET ADDRESS (If rural, give location) 3801 Lafayette | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Michael b. (Middle) Thomas c. (Last) Oates | | 4. DATE OF DEATH 4-6-58 | | 9. AGE (In years last birthday) 83 | |
| 5. SEX M. | 6. COLOR OR RACE W. | 7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH 12-12-1874 | 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) Machinist | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13a. FATHER'S NAME Thomas Oates | | 13b. MOTHER'S MAIDEN NAME Bridget Maguire | |
| 14. NAME OF HUSBAND OR WIFE Louise Maher | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. _____ | |
| 17. INFORMANT'S SIGNATURE OR NAME Vera Ross Lafayette | | ADDRESS 3801 St. Louis Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder - Secondary metastatic | | | INTERVAL BETWEEN ONSET AND DEATH 181.0 |
| *This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 4/19/58 | | | |
| DUE TO (b) | | DUE TO (c) Hypertension | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension | | | | | |
| 19a. DATE OF OPERATION July 1957 | | 19b. MAJOR FINDINGS OF OPERATION Carcinoma of Bladder | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., at 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? | |
| 22. I hereby certify that I attended the deceased from 5 , 19 57 , to 4 , 19 58 , that I last saw the deceased alive on Jan 1958 , and that death occurred at 9:30 A.M. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE A. E. Vetter | | (Degree or title) | | 23b. ADDRESS 461 Linden | |
| 23c. DATE SIGNED 4-8-58 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Apr 9, 58 | |
| 24c. NAME OF CEMETERY OR CREMATORY Calvary | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | | | |
| DATE REC'D BY LOCAL REG. APR 8 '58 | | REGISTRAR'S SIGNATURE Carl Smith Mo | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.J. Schnur 3125 Lafayette | |

(Licensed Embalmer's Statement on Reverse Side)

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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Jose B. Rollman*.....

Licensed Embalmer No. *4014*
P. O. Address *3125 Lafayette*

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.