

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046122  
STATE FILE NUMBER 12416

REG. DISTRICT NO. 318 PRIMARY REGISTRATION DISTRICT NO. 1003 REGISTRAR'S NO. 12416  
FILED JAN 12 1958

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Park Lane Hospital		Length of stay in lb		d. STREET ADDRESS (If outside, give location) 7321 LaVeta	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES W OESTERLE			4. DATE OF DEATH Month Day Year December 22nd, 1958		
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 30, 1876		9. AGE (In years less birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Salesman - Brown & Bigelow		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Middlebrook, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Christian Oesterle		13b. MOTHER'S MAIDEN NAME Amanda Miller	
14. NAME OF HUSBAND OR WIFE Pearle F. Oesterle		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT Pearle F. Oesterle		Address 7321 LaVeta		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Arterio Sclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)	
19. INTERVAL BETWEEN ONSET AND DEATH 5 yrs		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.) No	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. None		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 1946 to Dec 22, 1958 and last saw her alive on 12/22/58 Death occurred at 8 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) John R. O'Connor M.D.	
22b. ADDRESS 2648 Oakview Terrace		22c. DATE SIGNED 12/23/1958		23a. BURIAL, CREMATION, REMOVAL (Specify) Entombment	
23b. DATE 12/24/1958		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		23d. LOCATION (City, town, or county) (State) 7800 St. Charles Rock Road, Mo.	
24. FUNERAL DIRECTOR C. R. Lupton & Sons		ADDRESS 7233 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. DEC 23 '58	
26. REGISTRAR'S SIGNATURE Paul Smith					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. Symptoms must be listed.

2648 Oakview Terrace  
Mission 5-5302  
Hours: 1 to 3 PM.

### 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 *Arnold W. Schoen*

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

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.