Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-015502
STATE FILE NUMBER
2 3889

FILED MAY 6 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. .....

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lutheran Hosp. — Length of stay in Ib: 45 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY
c. CITY OR TOWN: Cahokia — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 803 E. 5th St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Ervin Middle: H. Last: Oehler
4. DATE OF DEATH: Month 4 Day 17 Year 59

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: June 20, 1913
9. AGE (In years last birthday): 45 — 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): Beer Bottler
10b. KIND OF BUSINESS OR INDUSTRY: Anheuser Busch
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Harry Oehler
13b. MOTHER'S MAIDEN NAME: Martha Rohrbach
14. NAME OF HUSBAND OR WIFE: Juanita

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 489-05-3902
17. INFORMANT: Juanita Oehler — Address: 803 E. 5th St. Cahokia, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) PANCREATITIS, ACUTE — INTERVAL BETWEEN ONSET AND DEATH: 24 HRS.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 587.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): PNEUMONIA RT. LOBAR; PERITONITIS.
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 3/30/59 to 4/17/59 and last saw him alive on 4/17/59.
Death occurred at 7:10 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Albert H. Cason (Degree or title) M.D.
22b. ADDRESS: 4401 Hampton
22c. DATE SIGNED: 4/20/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4/21/59
23c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cem.
23d. LOCATION (City, town, or county) (State): St. Louis Co., Missouri

24. FUNERAL DIRECTOR: WACKER*HEIDERIE — ADDRESS: 3634 Gravois
25. DATE RECD. BY LOCAL REG.: APR 20 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. .....

P. O. Address .....

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.