

FEDERAL BUREAU OF INVESTIGATION
 FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034649

FILED VS. SEP 28 1959 317

STATE FILE NUMBER

Primary Registration District No. 545 Registrar's No. 2494

1. PLACE OF DEATH a. COUNTY St. Louis		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 Maplewood		Length of stay in 1b YRS.	c. CITY OR TOWN Maplewood Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maplewood Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7562 West Bruno Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CORA Middle MAE Last OERTLE			4. DATE OF DEATH Month Sept. Day 16, Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct. 27, 1876	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months 10 Days 19 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Baldwin, Illinois		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME J. C. Whitchurch		13b. MOTHER'S MAIDEN NAME Caroline Hachmeister		14. NAME OF HUSBAND OR WIFE Joseph H. Oertle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Albert C. Drui, 7029 Berthold Ave.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Nephritis, Chronic	6 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Anemia Pernicious	2 yrs
	DUE TO (c) Arteritis, Rheumatoid type	10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 a.m. p.m. Month, Day, Year 	20d. INJURY OCCURRED WHILE AT WORK <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 **April 1948** to **Sept. 16, 1959** and last saw her ~~live~~ ^{alive} on **Sept. 16, 1959**
 Death occurred at **3:12 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John C. Murphy (Degree or title) M.D.	22b. ADDRESS 508 N. Grand	22c. DATE SIGNED 9/16/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 19, 1959	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Missouri		

24. FUNERAL DIRECTOR Ambruster Mortuary, 6633 Clayton Rd.	25. DATE RECD. BY LOCAL REG. 9-18-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

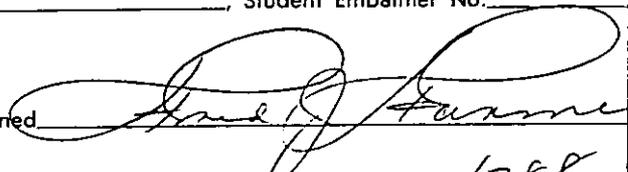
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. 4788

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.