

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027809

STATE FILE NUMBER

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2043

AMENDED

FILED JUL 25 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

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) Clayton		Length of stay in 1b 22 hrs.	c. CITY OR TOWN 6235 Madison Ave. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Berkeley, Mo. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHRISTIAN R. Middle Oesch Last Oesch			4. DATE OF DEATH Month July Day 20 Year 1961
5. SEX Male	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 2-24-76
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Contractor		10b. KIND OF BUSINESS OR INDUSTRY Contracting	9. AGE (last birthday) 85
11. BIRTHPLACE (City and state or country) Damascus, Ohio.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME Godfrey Oesch		13b. MOTHER'S MAIDEN NAME Hulda Lindsay	14. NAME OF HUSBAND OR WIFE Lucy Lee Oesch
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 Clifford Oesch, Hazelwood, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial atrophy DUE TO (b) Adiposities Disease DUE TO (c) Adrenal fibrosis - bilateral PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in (a), (b), or (c). Generalized arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH
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 checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 7-19-61 to 7-20-61 and last saw ^{her} him alive on 7-20-61 Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Albert L. Hoover (degree or title)		22b. ADDRESS 601 S. Brentwood, Clayton 5, Mo.	22c. DATE SIGNED 7/27/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-22-61	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) ST LOUIS Co. MO.
24. FUNERAL DIRECTOR White-Mullen Mortuary, Ferguson, Mo.		25. DATE RECD. BY LOCAL REG. 7-21-61	26. REGISTRAR'S SIGNATURE John B. Murphy, M.D.

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 Rennald K. Lake

Licensed Embalmer No. 2395
P. O. Address Sh. Paris

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.