

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 5 1949

State File No. 14040
3717

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

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 township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3134 Arsenal Street.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3134 Arsenal Street.,			

3. NAME OF DECEASED (Type or Print) Henry Oldenettel			4. DATE OF DEATH (Month) (Day) (Year) Apr 24, 1949		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Apr 10, 1857		9. AGE (In years last birthday) 92		10. UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) East St. Louis, Illinois	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME George Oldenettel		13b. MOTHER'S MAIDEN NAME Henrietta Burmeister	
14. NAME OF HUSBAND OR WIFE Wilhemenia Oldenettel		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Nil	
17. INFORMANT'S SIGNATURE OR NAME Anna Oldenettel - 3134 Arsenal St.,		18. CAUSE OF DEATH		19. MEDICAL CERTIFICATION	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 _____, 19____, to _____, 19____; that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Best H. Klein M.D.</u>		23b. ADDRESS 2632 So Kingshighway Blvd		23c. DATE SIGNED 4/25/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/25/49		24c. NAME OF CEMETERY OR CREMATORY Bunker Hill	
24d. LOCATION (City, town, or county) (State) Bunker Hill, Illinois		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	

DATE REC'D BY LOCAL REGISTER'S SIGNATURE <u>J. B. Sauter</u>		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe - 4700 Washington Blvd	
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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.

Signed Clement McGeary.....

Signed.....
Student Embalmer

Licensed Embalmer No. 3732.....

P. O. Address H. Levine.....

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 this body is not embalmed, fact should be so stated above.