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STATE OF OREGON—STATE BOARD OF HEALTH
Vital Statistics Section

82
Local File Number

CERTIFICATE OF DEATH

State File Number

1. DECEASED—NAME: First William	Middle J.	Last St. Louis				2. DATE OF DEATH (month, day, year): March 4, 1973
3. RACE White, Negro, American Indian, etc. (specify): White	4. SEX: Male	5a. AGE—Last birthday (years): 91	Under 1 year: 5b. mos. / days	Under 1 day: 5c. hours / min.		6. DATE OF BIRTH (month, day, year): March 3, 1882
7a. COUNTY OF DEATH: Klamath	7b. CITY, TOWN, OR LOCATION OF DEATH: Klamath Falls		7c. Inside City Limits (specify yes or no): yes		7d. HOSPITAL OR OTHER INSTITUTION—NAME (if not in either, give street and number): P. I. Hospital	
8. STATE OF BIRTH (if not in U.S.A., name country): Wisconsin	9. CITIZEN OF WHAT COUNTRY: USA	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Widowed			11. NAME OF SPOUSE: *******	
12. SOCIAL SECURITY NUMBER: 469-18-4290 A	13a. USUAL OCCUPATION (give kind of work done during most of working life, even if retired): Laborer				13b. KIND OF BUSINESS OR INDUSTRY: Sawmill	
14a. RESIDENCE—STATE: Oregon	14b. COUNTY: Klamath	14c. CITY, TOWN, OR LOCATION: Klamath Falls	14d. Inside City Limits (specify yes or no): yes		14e. STREET AND NUMBER OR R.F.D.: 207 Nevada	
15. FATHER—NAME first middle last	16. MOTHER—Maiden Name first middle last: Emma Jesse				17. INFORMANT—NAME and relationshio to deceased: Ivan St. Louis:Son	

PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), and (c))

18.		approximate interval between onset and death
Immediate cause	Pneumonia	2 days
(a) due to, or as a consequence of:	Coronary Thrombosis	Hours
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last: (b) due to, or as a consequence of:	Senile Psychosis	Years
(c)		

PART II. OTHER SIGNIFICANT CONDITIONS: conditions contributing to death but not related to cause given in Part I (a)

19a. AUTOPSY (yes or no): no	19b. IF YES were findings considered in determining cause of death

20a. ACCIDENT (specify yes or no)	20b. DATE OF INJURY (month, day, year)	20c. HOUR M.	20d. HOW INJURY Ooccurred (enter nature of injury in part I or part II, item 18)	
20e. INJURY AT WORK (specify yes or no)	20f. PLACE OF INJURY at home, farm, street, factory, office bldg., etc. (specify)	20g. LOCATION (street or R.F.D. No., city or town, county, state)		

21. CERTIFICATION—PHYSICIAN: I attended the deceased from: month day year	2/16/73 TO March 4, 1973	And Last Saw Him/Her Alive on: month day year	I Did/Did Not view the body after death (specify)	DEATH OCCURRED (hour) 6:05PM at the place, on the date, and, to the best of my knowledge, due to the cause(s) stated.

22a. PHYSICIAN—SIGNATURE	22b. NAME (type or print): Alden Glidden	degree or Title: MD	22c. DATE SIGNED (month, day, year): 3/6/73
23. MAILING ADDRESS—PHYSICIAN	street: 2680 Uhrmann	city or town: Klamath Falls,	state: Oregon 97601

24a. BURIAL, CREMATION, REMOVAL, MAUS. (specify): Burial	24b. CEMETERY OR CREMATORY—NAME: Klamath Memorial Park	24c. LOCATION city or town, state: Klamath Falls, Oregon	24d. DATE (mo., day, year): 3/7/73
25a. FUNERAL DIRECTOR—SIGNATURE: Floyd C Lancaster	25b. FUNERAL HOME—NAME AND ADDRESS (street, city or town, state, zip): O'Hair's Funeral Chapel:515 Pine,Klamath Falls,Oregon		97601
26a. REGISTRAR—SIGNATURE: Marian Gehrmann	26b. DATE RECEIVED BY LOCAL REGISTRAR: MAR 19 1973	27. DATE RECEIVED BY STATE REGISTRAR: MAR 19 1973	

RESERVED FOR REGISTRAR'S USE

28.

VS-2 R-69

STATE OF OREGON
County of Multnomah } ss.

DATE ISSUED MARCH 29 1973

I hereby certify that the foregoing copy has been compared by me with the original document and is a true, full and correct copy of the original certificate as the same appears on file in the Vital Statistics Section of the Oregon State Health Division and in my official care and custody.

Ref:
Ivan St. Louis
2321 Esplanade
K.F.

STATE REGISTRAR

STATE OF OREGON; COUNTY OF KLAMATH; ss.

Filed for record at request of IVAN ST. LOUIS

this 9th day of APRIL A. D., 19 73 at ~~10:34~~ o'clock ..... A.M., and duly recorded in Vol. M73, of DEEDS on Page 4099

FEE $ 2.00

WM. D. MILNE, County Clerk

By Hazel Drazil