MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35398

1. PLACE OF DEATH

County..... Registration District No. 791 File No.....

Township..... Primary Registration District No. 1093 Registered No. 10584

City St Louis (No. 906 Lami St. St. ..... Ward)

2. FULL NAME Bernard Ohnimus

(a) Residence. No. 906 Lami St., 23 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine Ohnimus

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11 - 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	6	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Street Dep'r
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer City of St Louis

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

14. INFORMANT Eva M. Ohnimus
(Address) 906 Lami St

15. FILED Nov 26 1927 Max C. Starcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 24 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 7th, 1927, to Nov. 24th, 1927, that I last saw him alive on Nov. 24th, 1927, and that death occurred, on the date stated above, at 7.35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

106 D
97
Bronchitis
(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) G. M. Schuyecht, M. D.
Nov. 29th, 1927 (Address) 2327 So. 12th St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
St. Peter Paul	Nov 28 1927
20. UNDERTAKER	**ADDRESS**
Wacker-Helderle	2331-S Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.