

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

Do not use this space.

38827

1. PLACE OF DEATH

County.....
Towship.....
City..... St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 5020 Genessee Ave.)

File No.....
Registered No. 11563
St. Ward)

2. FULL NAME

Ethel Gladys Ohsieck
(a) Residence. No. St. 7 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
14 5 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at school
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

10. NAME OF FATHER Leander Ohsieck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Puddleton Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Birdge E. Borimann

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

14. INFORMANT Leander Ohsieck
(Address) 5020 Genessee Ave.

15. FILED DEC 26 1927 Max B. Starker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 23 1927

17. I HEREBY CERTIFY That I attended deceased from Dec. 12th 1927, to Dec 23 1927 that I last saw h. alive on Dec. 23 1927, and that death occurred, on the date stated above, at 1130 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Valvular Heart
924 Disease
1158 (duration) 7 yrs. 0 mos. 0 da.
CONTRIBUTORY (SECONDARY) Acute Tonsillitis
non Diphtheritic (duration) 11 yrs. 0 mos. 11 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH POA
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Richard K. McCoun, M. D.
12/24, 1927 (Address) 5230 Geraldine

*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 New Bahlehm DATE OF BURIAL Dec 26 1927

20. UNDERTAKER Thos. H. Binkiewicz ADDRESS 1936 St. Louis Mo

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.

