

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

Do not use this space.

2848

**1. PLACE OF DEATH**

County..... Registration District No. 707  
 Township..... Primary Registration District No. 7003  
 City..... St. Louis Mo (No. Lutheran Hospital)

File No.....  
 Registered No. 289  
 St. Ward)

**2. FULL NAME**

Charles Frederick Ochs  
 (a) Residence. No. 2920 Pennsylvania, 24 Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-6-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
59 10 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Candy Maker  
 (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) Mo.

10. NAME OF FATHER Charles Ochs

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

12. MAIDEN NAME OF MOTHER Catherine Ochs

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

14. INFORMANT Laura M. Ochs  
 (Address) 2920 Pennsylvania

15. FILED 143 09 1937 Miss C. Stork  
 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 8 1930

17. I HEREBY CERTIFY, That I attended deceased from December 15, 1929, to January 8, 1930 that I last saw him alive on January 8, 1930, and that death occurred, on the date stated above, at 11:10 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia Bronchial  
82A  
107A

(duration) yrs. mos. 3 ds.  
 CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage  
 (duration) yrs. mos. 24 ds.

18. WHERE WAS DISEASE CONTRACTED?  
 IF NOT AT PLACE OF DEATH at place of death

0 DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical  
 (Signed) Geo. A. Laubek M. D.  
1/9/30 (Address) 7400 California Ave.

\*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 St. Joseph Mo DATE OF BURIAL Jan 10 1930

20. UNDERTAKER Thos. Kuttis ADDRESS 2906 Leavens

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.

10-2750

