

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

Do not use this space.

34688

1. PLACE OF DEATH

County.....
Township St. Louis Mo.
City St. Louis Mo. (No. Sanitarium)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 10071
St. Ward

2. FULL NAME

Adolph Ockerhansen
(a) Residence, No. 3444³ Magnolia Av. 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 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 Elba Ockerhansen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 20 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>69</u>	<u>2</u>	<u>2</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work State Foreman
(b) General nature of industry, business, or establishment in which employed (or employer) Behm Co.
(c) Name of employer

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

PARENTS	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>

14. INFORMANT W.F. McNamee M.D.
(Address) 5400 Arsenal St.

15. FILED 23 1930 REGISTRAR

2c MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-22 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1st 1930 to Oct 22nd 1930
that I last saw h. l. i. v. e on Oct 2nd, 1930 and that death occurred, on the date stated above, at 6:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

chronic myocarditis
93c
99 (duration) 2 yrs. 22 ds.
CONTRIBUTORY arterio sclerosis
(SECONDARY) (duration) 2 yrs. 22 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

9 WAS THERE AN AUTOPT? 909

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
(Signed) William F. McNamee M.D.

10/22/30 (Address) 5400 Arsenal 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
Lakewood Burial Park Oct 25 1930

20. UNDERTAKER ADDRESS
Peltz Bros 3029 Lafayette St.

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.

