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

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.

JAN 22 1931

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No. 40660

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 404

City Jefferson Barracks, Mo. (No. U.S. Veterans Hospital, Jefferson Brks, Mo. Ward)

2. FULL NAME Edward Charles Ohms.

(a) Residence. No. 5301 Page Ave., St. Louis, Mo. Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred un yrs. kn mos. own 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 Mrs. Florence Ohms.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 10, 1886

7. AGE: Years 44 | Months 8 | Days 29 | If LESS than 1 day, ____ hrs. or ____ min.

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

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

PARENTS

10. NAME OF FATHER William Ohms.

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

12. MAIDEN NAME OF MOTHER Unavailable.

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

14. INFORMANT C. H. Smith, Clinical Director.
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED Dec. 10, 1930 — L. C. Obrock, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 9, 1930. 19

17. I HEREBY CERTIFY, That I attended deceased from August 30, 1929, 19, to December 9, 19 30 that I last saw h. im. alive on December 9, 19 30, and that death occurred, on the date stated above, at 11:55 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebrospinal syphilis, meningo-vascular type.
34
38 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ____ (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray & Laboratory findings.

(Signed) H. C. Gibson, Medical Officer In Charge
, 19 (Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

*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: National Cemetery — DATE OF BURIAL: 12/11 1930

20. UNDERTAKER: Hoffmeister Und. & L. Co — ADDRESS: 7814 S. Broadway

OCT 31 1952