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

Do not use this space.

FEB 8 1937

Registration District No. 791

Primary Registration District No. 1003

File No. 3308

Registered No. 336

1. PLACE OF DEATH

County

Township

City St. Louis, (No. St. Anthony Hospital St. Ward)

2. FULL NAME Louisa B. Ohnsorg

(a) Residence, No. 2622 So. Compton Ave. St., 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 4, 1853.

7. AGE: Years 83 | Months 2 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 268

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York.

FATHER

13. NAME: John Weiler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany. 10

MOTHER

15. MAIDEN NAME: Sophia Sihler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany. 10

17. INFORMANT (ADDRESS): Sophia W. Boyles, 2622 So. Compton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter & Paul Cem. DATE Jan. 11, 1937

19. UNDERTAKER (ADDRESS): J. H. Gebhardt & H. Co. 2630 Gravois Ave.

20. FILED JAN 9 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1937, to Jan 8, 1937. I last saw her alive on Jan 8, 1937. Death is said to have occurred on the date stated above, at 1:38 A. m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis — unknown (Date of onset)

Other contributory causes of importance:
Arteriosclerosis — unknown
Hypertension — unknown

Name of operation: none Date of
What test confirmed diagnosis? Cause Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) W. Schneider, M. D.
(Address) 3318 S. Grand.

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.