

APR 21 1937

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

Do not use this space.

12475

## 1. PLACE OF DEATH

County.....

*Linn*

Registration District No.....

*492*

File No.....

*223*

Township.....

*Monroe*

Primary Registration District No.....

*5652A*

Registered No.....

City.....

(No.....)

St.....

Ward.....

## 2. FULL NAME

*Joseph Ochs*

(a) Residence, No.....

(Usual place of abode)

St.....

Ward.....

(If nonresident, give city or town and State)

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

*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*Mr. Albina Menne*

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*1-3-1878*

7. PAGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.*labor*9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.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)*Missouri*

## 13. NAME

*Anthony Ochs*14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)*Germany*

## 15. MAIDEN NAME

*Bora Bascherf*16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)*Germany*

## 17. INFORMANT

(ADDRESS)

*Mrs. Joseph Ochs  
Cottleville Mo.*

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

*Cottleville*DATE *3-31*

1937

## 19. UNDERTAKER

(ADDRESS)

*H.G. Hallmeiser  
St. Charles Mo.*

## 20. FILED

*3/31*

1937

*P.C. Muench  
Registrar.*

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

*3/30* 19*37*

## 22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*Coronary sclerosis  
with Occlusion*

Other contributory causes of importance:

*former case  
coroner*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *yes*

## 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?

If so, specify.....

(Signed) *P.C. Muench*, M. D.(Address) *Cottleville Mo.*

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

