

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.

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1008**  
City **St. Louis** (No. **St. Anthony Hospital**) St. .... Ward) .....

File No. **18254**  
Registered No. **4830**  
St. .... Ward) .....

2. FULL NAME **Peter Ohligschlager**  
(a) Residence, No. **3956 Tholozan** St. **16** Ward. ....  
(Usual place of abode) (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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Margaret Ohligschlager</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>March 7, 1855</b>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<b>82</b>	<b>2</b>	<b>2</b>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Ward Attendent</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Sanitarium</b>			
	10. Date deceased last worked at this occupation (month and year).....			
MOTHER	11. Total time (years) spent in this occupation.....			
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>			
	13. NAME <b>Frank Ohligschlager</b>			
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>			
	15. MAIDEN NAME <b>Don't Know</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Germany</b>			
17. INFORMANT <b>Anna Gnau</b> (ADDRESS) <b>3511 Connecticut Street</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Sunset Burial Pl.</b> DATE <b>May 12, 1937</b>				
19. UNDERTAKER <b>Heck Bier</b> (ADDRESS) <b>2201 So. Grand Blvd.</b>				
20. FILE <b>MAY 11 1937</b> <b>J. F. Bredeck</b> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 9, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **5 - 6**, 19**37**, to **5 - 9**, 19**37**  
I last saw him alive on **5 - 9**, 19**37** Death is said to have occurred on the date stated above, at **8:30 P.M.**  
The principal cause of death and related causes of importance were as follows:  
**Acute intestinal obstruction** Date of onset **5-2-37**

Other contributory causes of importance:  
**Acute Appendicitis**

**Swenson of band about ileum**  
Name of operation **Swenson of band about ileum** Date of operation **5/6/37**  
What test confirmed diagnosis? **None** Was there an autopsy?.....

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) **Walter M. Jones**, M. D.  
(Address) **3400 Maryland**

3400 Mermaid  
9a.m