

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

FORM 22-36
REVISED 1-1-36

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.

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JUL 31 1937

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

Do not use this space. ✓

1. PLACE OF DEATH

County St. Louis. Registration District No. 333
Township St. Ferdinand Primary Registration District No. 4468
City Ferguson, Ferguson (No. 26 North Clark Ave.) St. _____ (Ward)

File No. 24801
Registered No. 125

2. FULL NAME Louis A. Ohleyer.

(a) Residence, No. 26 North Clark Ave. St. 1 Ward. _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Clara Ohleyer.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 1, 1861.</u>		
7. AGE <u>35</u>	YEARS <u>75</u>	MONTHS <u>6</u>
	DAYS <u>29</u>	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Shapleigh Hdw. Co.</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1937

22. I HEREBY CERTIFY That I attended deceased from 6/20, 1937, to 6/29, 1937
I last saw him alive on 1/21, 1937. Death is said to have occurred on the date stated above, at 5:50 P. M.
The principal cause of death and related causes were as follows:
Coronary Thrombosis
Gastro-intestinal
Other contributory causes of importance: _____

Date of onset 6/29

12. BIRTHPLACE (CITY OR TOWN) Brandon, (STATE OR COUNTRY) Mississippi.

13. NAME John Ohleyer.

14. BIRTHPLACE (CITY OR TOWN) Alsace Loraine, (STATE OR COUNTRY) France.

15. MAIDEN NAME Sophia Rexel.

16. BIRTHPLACE (CITY OR TOWN) Alsace Loraine, (STATE OR COUNTRY) France.

17. INFORMANT Mrs. Clara Ohleyer (ADDRESS) 26 N. Clark Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE July 3, 1937

19. UNDERTAKER Geo. L. Plitsek Inc (ADDRESS) 5916 Easton Ave.

20. FILED 7-1 1937 W. A. Zetler Registrar. W. B. Smith

Name of operation _____ Date of _____
What test confirmed diagnosis? Ali 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?
If so, specify _____

(Signed) Lo. Hughes M. D.
(Address) Ferguson, Mo.

Dr. C. H. ...
Fingerson, 2310.