

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.

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis.**

(No. **1519a**)

DeSoto Avenue

File No.....

26056

Registered No. **7230**

St. Ward)

2. FULL NAME

ELIZABETH OCHS,

(a) Residence, No. **1519a DeSoto Avenue.** St. **9** 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
WIDOW

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

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

March 28, 1968

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

62
69

4

1

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.

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)

Chester Ill.

13. NAME

Ernest Schroeder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Berlin, Germany

15. MAIDEN NAME

Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Berlin, Germany

17. INFORMANT (ADDRESS)

**Fred W. Ochs
6621 Wise Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE

Chaester, Ill DATE July 31, 1937

19. UNDERTAKER (ADDRESS)

**Math. Hermann & Son
2161 East Fair Avenue**

20. FILED

JUL 30 1937

J. Bredeck
Registrar.

(Signed)

(Address) **3609 Hampton**

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

June 27, 1937 to **July 28**, 1937
I last saw her alive on **July 28** 1937 at **7:45 A. M.** Death is said to have occurred on the date stated above, at **7:45 A. M.**

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

Apoplexy Date of onset

Other contributory causes of importance:

Hemiplegia (left)

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

What test confirmed diagnosis? **Chemical** 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) *(H. J. ...)*, M. D.

