

NOV 10 1938

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

25307  
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125  
 (b) Township \_\_\_\_\_ Primary Registration District No. 9009 Registered No. 308  
 (c) City St. Francis Hospital (a) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Henry Ochs Jr.

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, the city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Josephine Ochs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 25-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 11 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Perry Co.  
 (STATE OR COUNTRY) Mo.

FATHER 13. NAME Micheal Oach  
 14. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Magdeline Meyer  
 16. BIRTHPLACE (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

17. INFORMANT Gus. Oach  
 (ADDRESS) Friedenburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedenburg, Cam. DATE Oct. 6 1938

19. FUNERAL DIRECTOR (NAME) Young & Sons 121  
 (ADDRESS) Perryville, Mo.

20. FILED 10-1-38 J.M. Thompson  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from 8-24 1938 to 10-4 1938

I last saw him alive on 10-3 1938. Death is said to have occurred on the date stated at 6:00A. m.

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

Myocardial thrombosis  
Appendicitis  
 Date of onset 10-1-38  
8-1-38

Other contributory causes of importance: 121

Name of operation Appendectomy Date of 9-26-38  
 What test confirmed diagnosis? None 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) P.A. Ritter M. D.  
 (Address) Cape Girardeau Mo.

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Wallace Young  
Licensed Embalmer No. 4027  
P.O. Address Perryville Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**