

8 1939 REC'D MAR 9 1939

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

Do not use this space.

7723

1. PLACE OF DEATH
 76 County St. Louis Registration District No. 784
 2 Township Clayton Primary Registration District No. 101
 2 City St. Louis (No. Co. Hosp.)
 255- Aloise Ochman
 2. FULL NAME
 (a) Residence, No. 7016 Robbin, Webster St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 230
 _____ St. _____ Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 2
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
 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) Clayton, Mo.
 MOTHER 13. NAME Frank Ochman
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bochum, Germany
 15. MAIDEN NAME Frieda Handt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bemflingen, Germany
 17. INFORMANT (ADDRESS) Mother, Frieda Ochman, 7016 Robbin, Webster St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker Cem. DATE 2-8- 1939
 19. UNDERTAKER (ADDRESS) Drehermann - Kassar, 1905 Leving St., St. Louis, Mo.
 20. FILED FFB 8 1939 R. M. Meyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6-39 1939
 22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1939, to Feb 6, 1939
 I last saw him alive on Feb 6, 1939. 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:
Respiratory failure from (Atelectasis)
 Date of onset 16/11
 Other contributory causes of importance:
Mother suffered fractured leg from severe fall while carrying child. Possible injury to child.
 Name of operation none 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) George M. Lovhaug, M. D.
 (Address) 10 Canby Hospital

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.

