DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27855

Registration District No. 1 201 Primary Registration District No. Registrar's No. 7355

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthonys Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Hrs. (Specify whether years, months or days)

In this community 7 Hrs.

2. USUAL RESIDENCE OF DEASCED:

(a) State Missouri (b) County

(c) City or town Pevely
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. # 1
(If rural, give location)

(e) If foreign born, how long in U.S.A.? years.

3. (a) PRINT FULL NAME Ernest Ochsenknecht 252

3. (b) If veteran, name war

3. (c) Social Security No. - -

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Theresa Ochsenknecht

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April (Month) 30 (Day) 1874 (Year)

8. AGE: Years 65 Months 3 Days 25 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country)

10. Usual occupation Ret. Carpenter

11. Industry or business

FATHER
12. Name John Ochsenknecht
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Bertha Zabel
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Theresa Ochsenknecht

(b) Address R.R. # 1 Pevely Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-39 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Wm. Schumacher

(b) Address 3013 Meramec St.

19. (a) AUG 26 1939 (Date received local registrar) (b) J. P. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24 year 1939 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Pulmonary Tuberculosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

PHYSICIAN — Underline the cause to which death should be charged statistically X

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work (a) Means of injury

23. Signature Alfred J. Perry (M. D. or other)

Address Pevely Missouri Date signed 8-26-39

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1 X19811

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 Clarence Kochow, Registered Apprentice No. ____, working under my personal supervision.

Signed Clarence Kochow

Licensed Embalmer No. 3093

P. O. Address 3013 Merame

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.