

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 9330
Registrar's No. 2813

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH:

(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:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community Birth
years, months or days)

3. (a) PRINT FULL NAME HARRY Ojemann

3. (b) If veteran, name war None 3. (c) Social Security No. 702-10-5214

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 15, 1887
(Month) (Day) (Year)

8. AGE: Years 53 Months 2 Days 9 If less than one day hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Lower Man

11. Industry or business Terminal Railroad

12. Name Henry Ojemann

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

14. Maiden name Caroline Soultter

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

16. (a) Informant Mrs Myrtle Ojemann

(b) Address 4222 N. 21 St.

17. (a) Burial (b) Date thereof 3/27/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAR 26 1940 (b) J. F. Buder
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4222 No. 21st St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24
year 1940 hour 1:40 minute a M.

21. I hereby certify that I attended the deceased from March 17, 1940, to March 24, 1940,

that I last saw him alive on March 23, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

28. Signature [Signature] (M. D. or other) _____

Address Mo Pac Hosp Date signed 3-27-40

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

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 William G. Buchholz

Licensed Embalmer No. 2110

P. O. Address St. Louis, 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.