

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 210

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. Charles, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
307 N. Rumphighway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles, Mo.  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 307 N. Rumphighway  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HENRY HEARICK OHLEMAYER

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Amelia Block 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased May 1 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 6 17 hr. min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Chris Ohlemayer  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Charlotte Hermeling  
15. Birthplace Nashville Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Martin Shoel  
(b) Address St. Charles, Mo.

17. (a) Removal (b) Date thereof Nov. 19, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Nashville, Tennessee

18. (a) Signature of funeral director Hackmann, Ben  
(b) Address 326 N. 6th St - St. Charles, Mo.

19. (a) 11-18-41 (b) Charles D. Mosser  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18  
year 1941 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from Nov. 1 1941 to Nov. 18 1941  
that I last saw him alive on Nov. 14 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia ✓  
Due to Mitral Stenosis  
Duration 5 days

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None  
Of autopsy No  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(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) (2) Means of injury \_\_\_\_\_  
23. Signature Ramonet Sheaper (M. D. or other) \_\_\_\_\_  
Address St. Charles, Mo. Date signed 11/17/41

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

679

DEC 6 1941

W.C. BLYCK

**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..... *Arthur C. Bane* .....  
Licensed Embalmer No. *3154* .....  
P. O. Address..... *St Charles 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, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 39252

Registration District No. 757

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Registrar's No.

1. PLACE OF DEATH:

(a) County St. Charles

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

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

(d) Length of stay: In hospital or institution.....  
(Specify whether)

In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

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

(d) Street No.....  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Henry W. Obtemeyer

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, Day 1, Year 1922, hour 7 minute 00 M.

21. I hereby certify that I attended the deceased from....., 19.....  
that I last saw him....., 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced.....  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 1, 1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 14 If less than one day..... min.

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

10. Usual occupation.....  
11. Industry or business.....

MOTHER FATHER { 12. Name.....  
13. Birthplace..... (City, town, or county) (State or foreign country)  
14. Maiden name.....  
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....  
(b) Address.....

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

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....  
(b) Address.....

19. (a)..... (b).....  
(Date received local registrar) (Registrar's signature)

Due to cardiovascular renal disease

Due to arterio sclerosis  
hypertension

(Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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) (e) Means of injury.....

23. Signature..... (M. D. or other)  
Address..... Date signed.....

SUPPLEMENTARY

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

