

Registration District No. **FILED JAN 20 1941 1003**

Primary Registration District No. **1003**

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:
3820 Flora Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **life** years, months or days)

3. (a) PRINT FULL NAME **LOUIS HENRY OCKER**
3. (b) If veteran, name war **No** 3. (c) Social Security No. **498-07-4538**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Regina Schoenthaler** 6. (c) Age of husband or wife if alive **71** years
7. Birth date of deceased **February 21, 1868**
(Month) (Day) (Year)

8. AGE: Years **73** Months **9** Days **26** If less than one day
hr. min.

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

10. Usual occupation **insurance salesman**

11. Industry or business **Phoenix Mutual Life**

MOTHER FATHER { 12. Name **Henry W. Ocker**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Charlotte Beeke**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. L. H. Ocker**
(b) Address **3820 Flora Pl.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **12/19/41**
(Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine**

18. (a) Signature of funeral director **Alexander & Sons Inc.**
(b) Address **6175 Delmar Bldg.**

19. (a) **DEC 17 1941** (Date received local Registrar) (b) **J. F. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **9**
(d) Street No. **3820 Flora Ave.** (If rural, give location) **0**
(e) Citizen of foreign country? **no** (Yes or No)
If yea, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **17**
year **1941** hour **3** minute **42 A.M.**

21. I hereby certify that I attended the deceased from **March** 19**37** to **Dec 17** 19**41**
that I last saw him alive on **12-17-1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration **3 hrs.**

Due to **the myocarditis** 3 hrs.

Due to _____
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? _____

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

23. Signature **Eugene A. Vogel** (M. D. or other) **MD**
Address **8325 S Grand** Date signed **12/17/41**

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.....

Raymond L Morris....., Registered Apprentice No. *290*
working under my personal supervision.

Signed *Geo. E. McCulloch*
Licensed Embalmer No. *2460*

P. O. Address *6170 Pelmar*

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

If this body is not embalmed, fact should be so stated above.