

FILED MAR 2 1942

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 249

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

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: St. Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Three Days
 (Specify whether
 In this community Lifetime
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2040 Moore Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Bernice Julia Ohlms
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 20
 year 1942 hour 7 minute 15 P. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Edw. H. Ohlms
 6. (c) Age of husband or wife if alive 28 years
 7. Birth date of deceased October 11 1913
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____ to January 20, 1942
 that I last saw h. or alive on January 20, 1942
 and that death occurred on the date and hour stated above.

8. AGE:				If less than one day	
Years	Months	Days	hr.	min.	
<u>28</u>	<u>3</u>	<u>9</u>			

Immediate cause of death Uremia
 Due to chronic nephritis
 Due to _____

9. Birthplace St. Charles, Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

11. Industry or business _____
 12. Name Edward J. Boenkes
 13. Birthplace St. Charles County, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Mildred Sinden
 15. Birthplace St. Charles County, Mo.
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
1318

16. (a) Informant Edward H. Ohlms
 (b) Address 2040 Moore Ave., St. Louis, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23, 1942
 (Month) (Day) (Year)
 (c) Place: burial or cremation Immanuel Lutheran Cem. St. Charles, Mo.
 18. (a) Signature of funeral director H. C. Dallmeier & Sons, Inc.
 (b) Address 300 N. Second, St. Charles, Mo.
 19. (a) Jan. 23, 1942 (Date received local registrar) (b) Clarence H. Helesler (Registrar's signature)

22. If death was due to external causes, fill in the following: No
 (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 George Spate (M. D. or other) DMR
 Address St. Charles, Mo. Date signed 1/21/42

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 John E. Dallmeyer
Licensed Embalmer No. 2957
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.