

FILED APR 13 1942

Registration District No. **139**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Enroute to City Hospital #1**  
(If not in hospital or institution, write street number or location) **3**  
(d) Length of stay: In hospital or institution **24 yrs.** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**  
(c) City or town **St. Louis** **26 9**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2809 Blair ave.** (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **William Henry Okenfuss**

3. (b) If veteran, name war **World #1** 3. (c) Social Security No. **Unknown**

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

6. (b) Name of husband or wife **Kathryn Maud Okenfuss** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **March 18 1890**  
(Month) (Day) (Year)

8. AGE: Years **52** Months **0** Days **5** If less than one day hr. min.

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

10. Usual occupation **Laborer**

11. Industry or business **Joseph Maxmillian Okenfuss**

12. Name **Joseph Maxmillian Okenfuss**  
13. Birthplace **St. Genevieve Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Emily Mouglin**  
15. Birthplace **Prairie Du Rocher Ill.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Kathryn M. Okenfuss**  
(b) Address **2809 Blair ave.**

17. (a) **Burial** (b) Date thereof **March 26, 42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **National Cemetery**

18. (a) Signature of funeral director **Choffmeister Nat. Cem.**

(b) Address **17814 55th Broadway**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **24**  
year **1942** hour **10** minute **55 A.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis; Chronic Interstitial Nephritis.**

Due to \_\_\_\_\_

Due to **1/31**

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 \_\_\_\_\_

23. Signature **Alfred Gerry** (M. D. or other) **3**

Address **Choffmeister Nat. Cem.** Date signed **3/26/42**

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

0  
7  
9

80-0  
17

*Veronica [unclear]*

**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 *Louis C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

**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.**