

S. No. 2  
M-2-43  
5-17-39  
P I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED FEB 10 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4127

State File No. \_\_\_\_\_

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 6

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 Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 12 Days  
In this community 45 Years (Specify whether 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. 625 N. Benton Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Frank A. Ochs

3. (b) If veteran.

name war No

3. (c) Social Security

No. 493-03-5916

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

6. (b) Name of husband or wife Magdalena (Dutzy) Ochs alive  years

7. Birth date of deceased: April 12 1876  
(Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 19 If less than one day hr. min.

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

10. Usual occupation Blacksmith Helper

11. Industry or business American Case Foundry Co.

12. Name Anton Ochs

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

14. Maiden name Barbara Buschert

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

16. (a) Informant Albert Ochs

(b) Address 1020 N. Fifth, St. Charles, Mo

17. (a) Burial (b) Date thereof Jan. 3 - 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cem St. Charles

18. (a) Signature of funeral director H.C. Dallmeier & Son, Inc.

(b) Address 201 N. Second, St. Charles, Mo

19. (a) 1-2-44 (b) Emt. C. Paul  
(Date received from registrars) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31  
year 1943 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 10 1943 to Dec. 31 1943  
that I last saw h. alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary arteriosclerosis Duration 10 days  
Due to Coronary arteriosclerosis ?

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

Major findings: Of operations 9/4 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) (c) Means of injury \_\_\_\_\_

23. Signature J. M. [Signature] (For other) \_\_\_\_\_  
Address St. Charles, Mo Date signed 2-44

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

MOTHER FATHER

1540

FEB 5 1945

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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. 2981  
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.**