S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15827

FILED MAY 13 1944

Registration District No. 5 / 1944

Primary Registration District No. 6076

Registrar's No. 1035

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution Adm. Apr. 11, 1944 (Specify whether
In this community - - years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: -0-0

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

(d) Street No. 336 N. Sarah St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country - -

3. (a) PRINT FULL NAME: O C H S, Peter

3. (b) If veteran, name war: W.W. #1

3. (c) Social Security No. 494-09-6537

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: May Ochs

6. (c) Age of husband or wife if alive - - years

7. Birth date of deceased: September (Month) 16, (Day) 1888 (Year)

8. AGE: Years 55 Months 7 Days 16 If less than one day hr. min.

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

10. Usual occupation: Baker

11. Industry or business: - - -

FATHER
12. Name: Peter Ochs,
13. Birthplace: Unknown (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Gaubatz,
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: M. Schulig Cl.Clk.,
(b) Address: Vets.Adm.Fac., Jeff.Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5--5--1944 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery, Jefferson Barracks, Mo.

18. (a) Signature of funeral director: C. Hoffmeister U. & L. Co.
(b) Address: 7814 South Broadway, St. Louis, Mo.

19. (a) MAY 5 - 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd., year 1944 hour 6:40 A.M. minute M.

21. I hereby certify that I attended the deceased from April 11, 1944, to May 2, 1944; that I last saw him alive on May 2, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death HYPERTENSIVE AND RHEUMATIC HEART DISEASE, WITH CARDIAC ENLARGEMENT, MYOCARDIAL DAMAGE AND	
Due to: INSUFFICIENCY.	UNKNOWN
OTHER CONDITIONS: -	
RHEUMATIC FEVER, ACUTE.	Abt. 2-months.
Other conditions (Include pregnancy within 3 months of death) HYPERTENSION ARTERIAL, SYSTEMIC. ARTERIOSCLEROSIS, GENERALIZED.	UNKNOWN

Major findings:
Of operations: No operation
Of autopsy: No autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work (Specify type of place) Nature of injury

23. Signature: L.M.COCHRAN, LT. COL. M.C. (M. D. or other)
Address: CHIEF MEDICAL OFFICER, Date signed 5-2-44

(Licensed Embalmer's Statement on Reverse Side) Jefferson Barracks, Mo.

MAY 29 1946

JUN 5 1944

MAY 29 1946

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 792 Tennessee St.

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.