

38847

S. No. 2
M-8-43
4-5-17-39
P-1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 9 1944

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 2180

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mos. 21 days
(Specify whether years, months or days)

In this community 24 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 71

(c) City or town Lemay 5
(If outside city or town limits, write "RURAL")

(d) Street No. 759 Pardella
(If rural, give location)

(e) Citizen of foreign country? YES or No
If yes, name country 1

3. (a) PRINT FULL NAME Christ Oschner

3. (b) If veteran, name war NONE

3. (c) Social Security No. 494-01-3468

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23
year 1944 hour 9:15 minute P.M.

21. I hereby certify that I attended the deceased from 8-2-
1944 to 10-23, 19 44

4. Sex M 5. Color or race Wh.

6. (a) Single, widowed, married, divorced M-1

6. (b) Name of husband or wife Helen ?

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: 12 20 1893
(Month) (Day) (Year)

that I last saw h. im alive on 10-23-1944, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death Renal - General debilitation

8. AGE: Years Months Days If less than one day

50 10 3 hr 3 --- min.

Due to Cerebral of the brain

Due to _____

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace: Switzerland 5
(City, town, or county) (State or foreign country)

10. Usual occupation Foreman

11. Industry or business St. Louis Terminal Wh.

12. Name Louis Oschner
Switzerland 5
(City, town, or county) (State or foreign country)

14. Maiden name Louise Kalin

15. Birthplace Switzerland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Oschner wife

(b) Address 759 Pardella Lemay 26

17. (a) BURIAL (b) Date thereof Oct. 26-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE CEM.

18. (a) Signature of funeral director C. H. J. ...

(b) Address 7814 S. Broadway

19. (a) OCT 26 1944 (b) E. S. McLaughlin M.D.
(Date received local registration) (Registrar's signature)

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 _____

3. Signature W. Mezer M.D. (M. D. or other) _____
Address 601 Brentwood Blvd. Date signed 10/24

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

MOTHER FATHER

6
3126

109
128/44

100 No 1161

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 732 Lomax Street

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of St. Louis } ss.

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 4 day of November, 1944, before me appears Helen Ochsner

....., who, upon oath, states that the original record of ^{birth} death
for Christ Ochsner ^{died} ~~born~~ October 23, 1944, in the State of
Missouri, and which was filed at St. Louis County on Oct. 26, 1944, should be corrected as follows:

Item No. 3 should read Christ Ochsner

Instead of Christ Ochsner

Item No. 17b should read October 26, 1944

Instead of October 25, 1944

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Helen Ochsner Wife
Relationship.

759 Pardella Lemay Mo.
Present Address.

Subscribed and sworn to before me this 4 day of October November, 1944.

My Commission expires

D.A. Bollinger Notary Public.
My commission expires May 12, 1946

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

NOV 20 1944

38847

RECEIVED
NOV 20 1944