

**FILED** JAN 11 1946  
 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **11178**

**1. PLACE OF DEATH:**  
 (a) County.....  
 (b) City or town ST. LOUIS, MO.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
4216 W. EASTON 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... (Specify whether  
 In this community..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State MISSOURI (b) County.....  
 (c) City or town ST. LOUIS  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5815 DELMAR BLVD.  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** Oliver R. OJEMAN  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
 6. (b) Name of husband or wife BENILDA 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased AUG. 20 1897  
 (Month) (Day) (Year)

**8. AGE:** Years 58 Months 3 Days 28 If less than one day hr. min.

9. Birthplace MO. (City, town, or county) (State or foreign country)

10. Usual occupation MACHINE ST

11. Industry or business H & H AUTO PARTS CO.

12. Name WM. OJEMAN

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

14. Maiden name CAROLINE KOHRING

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

16. (a) Informant Mrs. Bernice O. Jensen

(b) Address 5815 Delmar Blvd.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/21/45 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director J. Muller

(b) Address 5155 Delmar Blvd.

19. (a) DEC 20 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month DEC. day 18 year 1945 hour 7 minute 40 A. M.  
 21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;  
 that I last saw h..... alive on....., 19.....;  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Coronary Thrombosis  
 Due to.....  
 Due to.....  
 Other conditions (Include pregnancy within 3 months of death)  
94

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  
 23. Signature Patricia E. Rayless Date signed 12-20-45  
 Address 1300 Clark Date signed.....

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

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

**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

*H. G. Farris*

Licensed Embalmer No.

*3384*

P. O. Address

*St. Louis*

**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.**