

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10229**

FILED APR 7 1947

Registration District No. **273**

Primary Registration District No. **5920**

Registrar's No. **19**

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

1. PLACE OF DEATH:

(a) County **Perry** Rural **Union**

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

(c) Name of hospital or institution: _____

(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

3. (a) PRINT FULL NAME **Emma Ochs**

3. (b) If veteran, name war _____

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Louis Ochs**

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

7. Birth date of deceased **April 7 1873** (Month) (Day) (Year)

8. AGE: Years **73** Months **11** Days **14** If less than one day _____ hr. _____ min.

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

10. Usual occupation **House Wife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Vince Leible**

13. Birthplace **Perry Co. Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **Helen Real**

15. Birthplace **Perry Co. Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Walter Ochs**

(b) Address **Perryville Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **3-25-1947** (Month) (Day) (Year)

(c) Place: burial or cremation **Longtown Mo.**

18. (a) Signature of funeral director **Young & Sons**

(b) Address **Perryville Mo.**

19. (a) **3-25-47** (Date received local registrar) (b) **[Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Perry**

(c) City or town **Rural** (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21** year **1947** hour **10** minute **30** P.M.

21. I hereby certify that I attended the deceased from **18 March** 19**47** to **19** 19**47** that I last saw her alive on **28 March** 19**47** and that death occurred on the date and hour stated above.

Immediate cause of death **Hypostatic pneumonia** 4 days

Due to **Coronary Heart Disease** 2 1/2 yrs

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations **[Signature]**

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 **[Signature]** (M. D. or other) **M.D.**

Address **Perryville Mo.** Date signed **3-15-47**

RECEIVED

District Health Officer No. 4
District File Number 347-442
Date Filed 3-31-47

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.....

Fredric W. Bane

Registered Apprentice No. 510

working under my personal supervision.

Signed.....

Wallace Young

Licensed Embalmer No. 4027

P. O. Address.....

Perryville, Md.

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.