No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32867

Primary Registration District No. 1003

Registrar's No. 8802

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

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 Mo. Pacific Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 060
(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")
(d) Street No. 4327 California Ave. 9 (If rural, give location)
(e) Citizen of foreign country? 15 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME O'Heim, Charles Schmidt
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male d
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 25 (Day) 1874 (Year)

8. AGE: Years 73 Months 3 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) MO (State or foreign country)
10. Usual occupation Letter Carrier
11. Industry or business

FATHER
12. Name John Oheim
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Stein
15. Birthplace GreenVille Ill. (City, town, or county) (State or foreign country)

16. (a) Informant John Oheim Jr.
(b) Address 4327 California Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity-Lutheran
18. (a) Signature of funeral director Schumacher Und Co.
(b) Address 3013 Meramec St.
19. (a) SEP 19 1947 (Date received local registrar) (b) J. F. Beedek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18 year 1947 hour 19 minute 35 P.M.
21. I hereby certify that I attended the deceased from July 21, 1947, to Sept. 18 1947, that I last saw him alive on Sept. 18 1947, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Carcinoma Of Stomach
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations Inoperable Carcinoma Of Stomach.
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work X (e) Means of injury 0
23. Signature Vincent R. Sherrod (M. D. [redacted])
Address Mo. Pac Hosp. Date signed 9-18-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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: Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, 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.

S. No. 2B
M—3-45
I X43880

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. Oct

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8802

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(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 Charles S. O'Heim

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 25 (Day) 1947 (Year)

8. AGE: Years 73 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

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

OCT 10 1947

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 day year hour minute 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.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

32867

8-5-11 — gf