S. No. 2
1—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43378

Primary Registration District No. 1003

Registrar's No. 11973

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

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: Lutheran Hospital
(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 Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4232 Neosho St. 9
(If rural, give location)

15 0

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

If yes, name country

3. (a) PRINT FULL NAME ELMER C. OHLEMEYER

3. (b) If veteran, name war None

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 Louise

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Aug. (Month) 16 (Day) 1909 (Year)

8. AGE:

Years	Months	Days	If less than one day
38	4	12	hr. min.

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

10. Usual occupation Clerk

11. Industry or business Acme Fast Freight

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

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

16. (a) Informant Louise Ohlemeyer
(b) Address 4232 Neosho St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 30 1947 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1947 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Nov 10 1947 to Dec 28 1947
that I last saw him alive on Dec 27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion with infart left ventricle — Duration 9 mo?

Due to Hypertension Cardiac ?

Due to Cardiac Cirrhosis of liver

Other conditions Chronic nephritis — 5 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Coronary occlusion Cardiac Cirrosis liver etc

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? — (e) Means of injury

23. Signature Walter L Kelley (M. D. or other)

Address 9915 Gravois Date signed 12/29/47

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 William A. White

Licensed Embalmer No. 4201

P. O. Address 4228 Sekiya Highway

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.