FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 23 1948

Registration District No. 42

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25520

Primary Registration District No. 1000

Registrar's No. 860

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yr. 4 mo 29 day (Specify whether
In this community 8 yr - 4 mo 29 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Lafayette 54
(c) City or town Concordia 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. Rural 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Adolph Ohrenburg

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 7 (Day) 1902 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	46	5	4	hr. min.

9. Birthplace Concordia, (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Henry Ohrenburg 11
13. Birthplace Unknown (City, town, or county) Germany 1 (State or foreign country)

MOTHER
14. Maiden name Kathy Meyer
15. Birthplace Unknown (City, town, or county) Mo (State or foreign country) 0

16. (a) Informant Fred J. Bargfrede
(b) Address Concordia Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug. 12, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia, Mo.

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) Aug 16, 1948 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) E. A.
382
0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1948 hour 2 minute 35 A M.

21. I hereby certify that I attended the deceased from 6-30- 1948 to 8-11- 1948
that I last saw him alive on 8-10- 1948,
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Splenomegaly of undetermined cause	2 years
Due to uremic toxemia	2 weeks.
Due to	
Other conditions Psychosis (Include pregnancy within 3 months of death)	8 years.

Major findings:
Of operations
Of autopsy 132

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 J. H. Morroway (M. D. or ~~other~~)
Address State Hospital No. 2 Date signed 8/11/48.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) St. Joseph, Missouri

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 Raymond H. Stare

Licensed Embalmer No. 4413

P. O. Address Joseph M

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.