No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 11 1949

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41719

Primary Registration District No. 1003

Registrar's No. 10780

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 years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Theresa M. Ockerhausen

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John H. Ockerhausen

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

7. Birth date of deceased August (Month) 19 (Day) 1873 (Year)

8. AGE: Years 75 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Mrs. Nettye Holtman
(b) Address 2663 Terrace Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Jonesburg, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 13 1948 (Date received local registrar) (b) J. B. Lassiter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1948 hour 3 minute 50 P.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 Injuries of right thigh Intracapsular fracture of neck. Fell while she slipped and fell to the floor at the residence of her daughter Nettye Holtman 2663 Terrace Lane St. Louis Mo. on Dec. 10 1948 about 10:45 a.m.

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident
(b) Date of occurrence 12-10-48
(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 Accident

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Frank C. Dyland

Licensed Embalmer No. 2645

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.