

FILED JUN 17 1949

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20661

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Peters, rural Dardenne		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Peters, rural	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Peters Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) F.	c. (Last) Ohmes	4. DATE OF DEATH (Month) (Day) (Year)	6-5-49
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-2-1868	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 6 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) St. Peters, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Ohmes	13b. MOTHER'S MAIDEN NAME Frances Linkogle	14. NAME OF HUSBAND OR WIFE Frances
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edw. Ohmes, RR 1, St. Peters, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure (acute)		5 months
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic myocarditis DUE TO (c) Generalized arteriosclerosis		6 years undet.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		4/22/2	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-10-1949 to 6-5-1949, that I last saw the deceased alive on 6-1-1949, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L.R. McIntire, M.D.	23b. ADDRESS St. Charles, Mo.	23c. DATE SIGNED 6/7/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6-8-49	24c. NAME OF CEMETERY OR CREMATORY All Saints	24d. LOCATION (City, town, or county) (State) St. Peters, Mo.
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DATE REC'D BY LOCAL REG. June 9-49	REGISTRAR'S SIGNATURE E.A. Keithley	28c	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Geo. Chieffater, St. Peters Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,
District File Number
JUN 16 1949
Date Filed

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

E. A. Keithly

Licensed Embalmer No.

822

P. O. Address

O'Fallon

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.