

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24473

BIRTH NO. 42985-49 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 145

1. PLACE OF DEATH a. COUNTY St. Charles			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		c. LENGTH OF STAY (In this place) Life time	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles		92
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital D			d. STREET ADDRESS (If rural, give location) 727 North Sixth Street 3		
3. NAME OF DECEASED (Type or Print) a. (First) James: b. (Middle) Robert c. (Last) Ohlms		4. DATE OF DEATH August 4 1949			
5. SEX Male D	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married D	8. DATE OF BIRTH July 24 1949		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min. 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None---		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) St. Charles, Missouri D		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ralph Ohlms		13b. MOTHER'S MAIDEN NAME Bernice Rothermich		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NIL	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ralph Ohlms St. Charles, Mo.		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Malformation of Heart. (Tricuspid Heart) DUE TO (b) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 11 days 7544
19a. DATE OF OPERATION 8		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 7/24, 1949, to 8/4, 1949, that I last saw the deceased alive on 8/3, 1949, and that death occurred at 5:00 A.M., from the causes and on the date stated above.					
23a. SIGNATURE W.C. A. Barnard, M.D.		(Degree or title)		23b. ADDRESS St. Charles, Mo	23c. DATE SIGNED 8/5/49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 5-1949	24c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery	24d. LOCATION (City, town, or county) (State) St. Charles Missouri		
DATE REC'D BY LOCAL REG. 8/8/49	REGISTRAR'S SIGNATURE Francis Hambleton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. B. Dollmeyer & Sons Co 800 N. 2nd--St. Charles, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number _____
District Health Officer No. 9,
RECEIVED
AUG 12 1949

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Joseph I Landoet

Licensed Embalmer No. 4189

P. O. Address St. Charles

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.