

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27773
Registrar's No. 16

FILED SEP 1 1949

REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048

BIRTH NO. _____		REG. DIST. NO. <u>306</u>		PRIMARY REG. DIST. NO. <u>6048</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Peters rural</u>		c. LENGTH OF STAY (in this place) township)		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Peters rural</u>		97	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henricus</u>		b. (Middle) _____		c. (Last) <u>Ohmes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 20, 1949</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3-15-1886</u>	
9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>St. Peters, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henricus Ohmes</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Eike</u>			14. NAME OF HUSBAND OR WIFE <u>Mary</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Ohmes, St. Peters, Mo.</u>		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u> <u>10 yrs.</u> <u>4 7/8 1</u> <u>5 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>Jan 1947</u> to <u>30 Aug, 1949</u> , that I last saw the deceased alive on <u>June 19 49</u> , and that death occurred at <u>9:50 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lawrence B. Beland MD</u>				23b. ADDRESS <u>OF allin Mo</u>		23c. DATE SIGNED <u>22 Aug 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug. 23, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's</u>		24d. LOCATION (City, town, or county) (State) <u>Cottleville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Aug 27-49</u>		REGISTRAR'S SIGNATURE <u>E. A. Keitely 280</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo Stiefpater, St. Peters, Mo.</u>			

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

RECEIVED
AUG 31 1949
District Health Officer No. 9
District File Number

APR 11 1951

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.

Signed E. Keethly

Signed _____
Student Embalmer

Licensed Embalmer No. 877

P. O. Address O'Fallon Mo

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.