

FILED FEB 10 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **3444**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **108**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 189 days			
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Adm. Hospital		d. STREET ADDRESS (If rural, give location) 2234 a Dodier Street	
3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Herman c. (Last) OCHESKEY			4. DATE OF DEATH (Month) (Day) (Year) January 12 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 7, 1908
9. AGE (In years last birthday) 41		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoemaker		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Morrison, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Charles Ocheskey		13b. MOTHER'S MAIDEN NAME Sally Cramer	14. NAME OF HUSBAND OR WIFE Mary Ocheskey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-2		16. SOCIAL SECURITY NO. 489031540	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS ADDRESS _____
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) EPIDERMOID CARCINOMA, NECK ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
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) None	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 July 7, 1950 , to January 12, 1950 , and that death occurred at 2:58 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE L. E. Stilwell (Degree or title) L. E. STILWELL, M.D. Chf. of Prof. Services		23b. ADDRESS VAH, Jefferson Barracks, Mo.	23c. DATE SIGNED 1-12-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 14th, 1950	24c. NAME OF CEMETERY OR CREMATORY National Cametery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo
DATE REC'D BY LOCAL G. JAN 13 1950	REGISTRAR'S SIGNATURE Herbert R. Womko, M.D.	FUNERAL DIRECTOR'S SIGNATURE HENRY LEIDNER FUNERAL DIRECTORS ADDRESS 2223 St. Louis Ave. - St. Louis, Mo.	

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Elton H. Remelius

Licensed Embalmer No. 4263

P. O. Address St. Louis, 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.