

FILED OCT 26 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35639
Registrar's No. 2507

40014

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

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3064		Registrar's No. 2507	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Ferguson		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) Ferguson		4111	
d. FULL NAME OF HOSPITAL OR INSTITUTION Oak Knoll Nursing Home				d. STREET ADDRESS (If rural, give location) 2 So. Clark Ave.			
3. NAME OF DECEASED (Type or Print) Clara		a. (First)		b. (Middle) N.		c. (Last) Ohleyer	
4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1950		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Dec. 17, 1885		9. AGE (In years last birthday) 64		IF UNDER 14 Months 9		IF UNDER 14 Days 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (State or foreign country) Ferguson, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William Nietmann		13b. MOTHER'S MAIDEN NAME Mary Wormann		14. NAME OF HUSBAND OR WIFE Louis A. Ohleyer			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Pauly, St. Louis, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of sigmoid colon with metastases to liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 mes 153X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION obstruction of sigmoid due to carcinoma.				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 15 June, 1950 , to 14 Oct, 1950 , that I last saw the deceased alive on 14 Oct., 1950 and that death occurred at 1:20 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph A. Pauly M.D.				23b. ADDRESS 212 S. Florissant Ferguson, Mo		23c. DATE SIGNED 10/17/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 10/18/50		24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. 10-17-50		REGISTRAR'S SIGNATURE J.R. Bomke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ferguson, Mo.			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

R. M. White

Signed.....

Student Embalmer

Licensed Embalmer No. *3973*

P. O. Address *Jerguson, Ill*

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.