No. 300 FILED APR 25 1952
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15116

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 1076 Registrar's No. 857

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ~~St. Louis Mo~~ Pine Lawn U.N.K.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mother of Good Council Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2179
d. STREET ADDRESS (If rural, give location) 2642 A Tennessee 2642 A

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle)
c. (Last) Hohmann

4. DATE OF DEATH (Month) (Day) (Year) ~~9-6-1872~~ 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH ~~9-27-1952~~ 9-6 1872
9. AGE (In years last birthday) 79 — If under 1 year: Months 6 Days 21 — If under 1 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (State or foreign country) St. Louis Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry Hohmann
13b. MOTHER'S MAIDEN NAME Theresa Schroff
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Herberholt 2705 Tennessee 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo Carditis Chr Senile Type — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Old Ostomyelitis of Rt. hip since (5) Yrs old)
DUE TO (c) Fracture of neck of femur at trochanter fixed and plated at Hospital

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* ILater taken to The Home Of Incurables same brake full of pus and blood

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION opened and drained 3-27-52- Coronary embolism caused sudden death. From dead blood clots in rt. leg.
20. AUTOPSY? YES ☐ NO ☐

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) 7301
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-21-1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-21-1952 *to* 3-27-52, *that I last saw the deceased alive on* _____, *19*__, *and that death occurred at* 4/20 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Luke B. Timmons MD
23b. ADDRESS 3734- Jennings Road.
23c. DATE SIGNED 3/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-31-~~1852~~ 1952
24c. NAME OF CEMETERY OR CREMATORY S.S.PEter&Paul Cem.
24d. LOCATION (City, town, or county) (State) St. Louis, Mo

DATE REC'D BY LOCAL REG. 3-31-52
REGISTRAR'S SIGNATURE Herbert R. DeMKo MQ
25. FUNERAL DIRECTOR'S SIGNATURE WINGBERMUEHLE ADDRESS 3819 S GRAND Blvd

(Licensed Embalmer's Statement on Reverse Side)

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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

MAY 2

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

☐ no ☐ yes

Student Embalmer No.

working under my personal supervision.

Student .....

Student-Embalmer

Signed George J Wingbermuehle

Licensed Embalmer No. 4611

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Missouri
City of St Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 15116
Local Registrar's No. —

On this 26th day of April, 1952, before me appears Geo J Wingbermuehle, who, upon his oath, states that the original record of ~~birth~~ death for Mary H Ohmann died ~~born~~, 1952, in the State of Missouri, and which was filed at St Louis Co. Mo on 3-29, 1952, should be corrected as follows:

Item No. 4 should read 3-27-1952
Instead of 9-6-1872

Item No. 8 should read 9-6 1872
Instead of 3-27 1952

Item No. ____ should read ____
Instead of ____

Item No. 24B should read 3-31 1952
Instead of 3-31 1852

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

Item No. ____ should read ____
Instead of ____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Geo J Wingbermuehle
Relationship
3814 S. Grand Blvd.
St Louis 18 Mo.
Present Address

Subscribed and sworn to before me this 26th day of April, 1952

My Commission expires May 14 1952 Fred J Miller Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

S. 135
8-43
X37817

MAY 2 [illegible]