

STANDARD CERTIFICATE OF DEATH

BIRTH NO. 64108-54 REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 204

1. PLACE OF DEATH  
a. COUNTY Saint Charles  
b. CITY (If outside corporate limits, write RURAL and give town) Saint Charles  
c. LENGTH OF STAY (in this place) 8 hrs.  
d. FULL NAME OF HOSPITAL OR INSTITUTION: Saint Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE Missouri b. COUNTY St. Charles  
c. CITY OR TOWN Saint Charles  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) 504 Clay Street 0923

3. NAME OF DECEASED  
a. (First) Jeanette b. (Middle) c. (Last) Ohlms  
4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1954

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 8. DATE OF BIRTH Oct. 4, 1954 9. AGE (In years last birthday) 8 IF UNDER 1 YEAR: MONTHS 8 IF UNDER 12 HRS: HOURS 8 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and State or Foreign Country) Saint Charles, Mo. 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 None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Ralph Ohlms ADDRESS 504 Clay Street,

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Prematurity  
ANTECEDENT CAUSES  
DUE TO (b) Early rupture of membranes  
DUE TO (c) 6 Months gestation  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH  
8 hrs  
2 wk

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 776X 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 Oct 4, 1954, to Oct 5, 1954, that I last saw the deceased alive on Oct 4, 1954, and that death occurred at 1:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE William H. Poffenbarger (Degree or title) 23b. ADDRESS St Charles Mo 23c. DATE SIGNED Oct 5, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Oct. 5, 1954 24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery 24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.

DATE REC'D BY LOCAL REG. Oct 5 1954 REGISTRAR'S SIGNATURE Paul Hamilton 25. FUNERAL DIRECTOR'S SIGNATURE B/C Dally ADDRESS St. Charles, Mo.

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

Note. This body was not embalmed.

**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.

Student .....  
Signature of Student Embalmer

Signed *Frank R. Amalen* .....

Licensed Embalmer No. *48* .....

P. O. Address *St. Cha* .....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.  
If this body is not embalmed, fact should be so stated above.