

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35785

9419

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY _____				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 St. Louis			c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: Christian Hospt				e. STREET ADDRESS (If rural, give location) 3854 Cleveland Ave 2179						
3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle) L.		c. (Last) OCKERHAUSEN		4. DATE OF DEATH (Month) (Day) (Year) Oct. 16 1954		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb 24 1898		9. AGE (In years) (last birthday) 56		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY 1st Ntl Bank		11. BIRTHPLACE (City and State or Foreign Country) Jonesburg Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.				
13a. FATHER'S NAME Adolph G. Ockerhausen			13b. MOTHER'S MAIDEN NAME Ella Lytle			14. NAME OF HUSBAND OR WIFE Myrtle Heaton				
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. 492-03-0886		17. INFORMANT'S SIGNATURE OR NAME Myrtle Ockerhausen					ADDRESS 3854 Cleveland	
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) Secondary Anaemia					INTERVAL BETWEEN ONSET AND DEATH	
				ANTECEDENT CAUSES DUE TO (b) Cirrhosis of the Liver						
				DUE TO (c) (Abdominal Ascites, due to prolonged (Alcoholism)						
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION 10-1-54		19b. MAJOR FINDINGS OF OPERATION Abdominal Paracentesis						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 5811						
22. I hereby certify that I attended the deceased from May 15 1954 to Oct. 16 1954, that I last saw the deceased alive on Oct. 16 1954, and that death occurred at 12.30 PM from the causes and on the date stated above.										
22. SIGNATURE Robert C. W. E. Lavin MD (Degree or title)				23b. ADDRESS 4256 Warner Ave				23c. DATE SIGNED 10/19/54		
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Oct 18 1954		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. OCT 18 1954		REGISTRAR'S SIGNATURE J. C. Smith MO			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weick Bros 2201 S. Grand Blvd.					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr.:R McElvain

4366 Warne Ave

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.....
Licensed Embalmer No..... 40

P. O. Address..... St L

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.