

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046125

STATE FILE NUMBER
12749

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **12749**

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, give TOWNSHIP only)
OR TOWN **ST. LOUIS, MO.**
Inside Limits
Yes No

c. CITY OR TOWN **St. Louis**
Inside Limits
Yes No

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSP. #1**
Length of stay in lb **22 1/2**

d. STREET ADDRESS (If outside, give location)
3538a Wisconsin
Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print)
First **FAYE** Middle **OHMEYER** Last **O**

4. DATE OF DEATH
Month **DEC.** Day **31** Year **1958**

5. SEX
F

6. COLOR OR RACE
W

7. MARRIED NEVER MARRIED
WIDOWED DIVORCED

8. DATE OF BIRTH
June 26-1907

9. AGE (In years last birthday) **51**
IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Unk.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
Abraham Massey

13b. MOTHER'S MAIDEN NAME
Lola Surwood

14. NAME OF HUSBAND OR WIFE
Frank Ohmeyer

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.
492-10-2827

17. INFORMANT Address
St. Vincent DePaul Society 2331 Mullanphy

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Carcinoma of the colon i metastases.**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____
DUE TO (c) **153.8**

INTERVAL BETWEEN ONSET AND DEATH
2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **12/25/58**, to **12/31/58** and last saw her/him alive on **12/31/58**
Death occurred at **6:20 A.M** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Willy J. Weinstein, M.D.

22b. ADDRESS
1515 LAFAYETTE AVE

22c. DATE SIGNED
12/31/58

23a. BURIAL, CREMATION, REMOVAL (Specify)
urial

23b. DATE
1-2-1959

23c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

23d. LOCATION (City, town, or county) (State)
St. Louis, Mo

24. FUNERAL DIRECTOR ADDRESS
Cullen-Kelly 7267 Natural Bridge

25. DATE RECD. BY LOCAL REG.
JAN 2 '59

26. REGISTRAR'S SIGNATURE
J. Earl Smith, M.D.
(H.T.)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 Not Embalmed, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.