

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

City St. Louis, Missouri (No. Missouri Baptist Hospital)  
 County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 St. .... Ward)

File No. 15213  
 Registered No. 4328

2. FULL NAME Mr. John J. Ohning,

(a) Residence, No. 3808 Bowen St., 1 Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 32 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Emma Muensternmann Ohning</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>January 29, 1869</u>				
7. AGE YEARS <u>65</u>	MONTHS <u>2</u>	DAYS <u>30</u>	IF LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Druggist</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) <u>March 22, 1934</u>			
				11. Total time (years) spent in this occupation <u>50</u> yrs.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 1933, to April 28, 1934  
 I last saw him alive on April 27, 1934. Death is said to have occurred on the date stated above, at 10:00 A.M.  
 The principal cause of death and related causes of importance were as follows:

Chr myocarditis Date of onset 1933  
930  
93  
 Other contributory causes of importance:  
Vascular hypertension ? 1933

12. BIRTHPLACE (CITY OR TOWN)..... Evansville, Indiana  
 (STATE OR COUNTRY)

13. NAME Charles Ohning

14. BIRTHPLACE (CITY OR TOWN)..... Germany  
 (STATE OR COUNTRY)

15. MAIDEN NAME Minnie Meier

16. BIRTHPLACE (CITY OR TOWN)..... Evansville, Indiana  
 (STATE OR COUNTRY)

17. INFORMANT Emma Ohning  
 (ADDRESS) 3808 Bowen St

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Evansville Ind DATE May 1, 1934

19. UNDERTAKER Biederwiedys Funeral Home  
 (ADDRESS) 1936 St. Louis Avenue

20. FILED 7 00 10, 19 34  
J. B. Beck  
 Registrar.

Name of operation none Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....  
 Where did injury occur?..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) Samuel B. Grant, M. D.  
 (Address) 3720 Washington

3720 V. 1000