

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30764**

Registrar's No. **8041**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5665 a. Maple ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 yrs. (Specify whether years, months or days)

8. (a) PRINT FULL NAME Paula Ochs

8. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 27 1893
(Month) (Day) (Year)

8. AGE: Years 47 Months 6 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Henry H. Ochs
18. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Millie Heisterlter
15. Birthplace Davenport Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Paula Ochs

(b) Address 5665 a. Maple ave.

17. (a) Removal (b) Date thereof Sept. 29, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Davenport, Iowa

18. (a) Signature of funeral director C. Hoffmeister W. L. O.

(b) Address 7814 S. Broadway

19. SEP 27 1940 (b) [Signature]
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5665a Maple ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 26th
year 1940 hour 2⁰⁰ P.m. minute _____ M.

21. I hereby certify that I attended the deceased from June 1st
_____, 1940, to September 26th, 1940;
that I last saw her alive on September 26th, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum with metastasis to liver

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. M. Ochs (M. D. or other) _____

Address 5665 a Maple Ave Date signed 9-26-40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Linus C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

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 this body is not embalmed, above space should be left blank.