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FILED MAY 15 1944

Registration District No. 3/6

Primary Registration District No. 30-6067J

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days.
(Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANCES ROSA OCHS (FRANCES ROSE OCHS)

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Frederick W. Ochs 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased December 13, 1972
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 4 16 hr. min.

9. Birthplace Bollinger Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Peter Oster

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Martha L. Bollinger

15. Birthplace Bollinger Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Mo.

17. (a) Burial (b) Date thereof 5-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Perryville, Missouri

18. (a) Signature of funeral director Young & Sons Funeral Home

(b) Address Perryville, Missouri

19. (a) 5-5-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry County
(c) City or town Perryville,
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29,
year 1944 hour 8 minute 15 P.M.

21. I hereby certify that I attended the deceased from April 6, 1944 19 to April 29, 1944
that I last saw her alive on April 29, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration
Anteroseptal cardiac muscle disease.

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy No autopsy.

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

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 [Signature] (M. D. or other) ml

Address 408 N. Fifth Date signed 5-5-44
Farmington, Mo.

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

3697

RECEIVED : 5-13-44

District Health Officer No. 4

District File Number 544-380

Date Filed 5-13-44

JUL 6 1944

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 Walter Young

Licensed Embalmer No. 4027

P. O. Address Peruville Mo

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, fact should be so stated above.