

V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 14 1944

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 6781

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: Alexian Bros Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo.
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 17
(d) Street No. 2114a Wyoming St.
(If rural, give location) 924
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mathias Ochsner
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 2nd
year 1944 hour 7 minute 30 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife Katharina
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. Feb 9, 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 15
1943, 19Aug 2, 1944
that I last saw him alive on Aug 20, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
83 5 23 hr. _____ min.

Immediate cause of death Generalized carcinoma
Type to _____
Due to carcinoma of prostate

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

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

10. Usual occupation Dairyman

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business Retired 13yrs.
12. Name Mathias Ochsner
13. Birthplace Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Mirada Locher
(City, town, or county) (State or foreign country)
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Albertine Groh
(b) Address 2114a Wyoming St.
17. (a) Burial (b) Date thereof 8/5/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parklawn Cemetery

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? _____

18. (a) Signature of funeral director Parklawn Mortuary
(b) Address 2842 Meramec St.

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature J. F. Bruce M.D. or other _____
Address 729 Frisco Bldg Date signed 8-3-44

19. (a) AUG 3 1944 (Registrar's signature)

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..... *Howard H. Rowland*

Licensed Embalmer No..... 3114

P. O. Address..... St. Louis, 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.