V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 14 1945

State File No. 19080

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5728

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Baptist Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 15

(d) Street No. 5504 Dewey (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ann A. Ohlendorf

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race W

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 July (Month) 15 (Day) 1881 (Year)

8. AGE: Years 63 Months 11 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business Home

FATHER
12. Name William Ohlendorf
13. Birthplace Washington (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Louise Hinter Holzer
15. Birthplace New Athen (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Dorothy Lehoff

(b) Address 229 Beach St. Santa Monica, Calif.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-2-1945 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Shanklin-Kron Fund Home Inc

(b) Address 4911 Washington Blvd

19. (a) JUL 2 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1945 hour 10 minute 05 A.M.

21. I hereby certify that I attended the deceased from June 9, 1945 to June 27, 1945 that I last saw her alive on June 27, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Cardiac Dilatation	20
Due to Chronic Myocarditis	1 mo
Due to Carcinoma Rt Breast Advanced case	18 mo

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations Advanced Carcinoma Rt Breast

Of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Cleveland H. Hull (M. D. or other) MD

Address 220 N. 4th St. Date signed 6/30/45

St Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

Dr. [illegible]
220 No. 4th St.
1:30 to 4 P.M.

MAR 30 1955

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 Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 4911 Washington Blvd.

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.