S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25582

State File No.

FILED JUL 26 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6241

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution: Alexian Bro. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Lemay (If outside city or town limits, write "RURAL")

(d) Street No. 2840 Telegraph Road 1 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No) NR.

If yes, name country

3. (a) PRINT FULL NAME HENRY OHL

3. (b) If veteran, name war No

3. (c) Social Security No. Mo.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 5 (Day) 1861 (Year)

8. AGE: Years 85 Months 3 Days 9 If less than one day hr. min.

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

10. Usual occupation Packer

11. Industry or business Flower Mill

FATHER
12. Name Balzar Ohl
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Caroline Spindler
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs Henrietta Steinkamp

(b) Address 2840 Telegraph Road Lemay Mo

17. (a) Mascoutah (Burial, cremation, or removal) (b) Date thereof July 14 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Mascoutah city

18. (a) Signature of funeral director Emmet G. L. Moll

(b) Address Mascoutah Ill.

19. (a) JUL 15 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1946 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from June 15-46, 19 to July 14, 1946 that I last saw him alive on July 14, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Complete heart block

~~Due to~~ Hy prostatic pulmonary

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 2 years, 2 months, 1 day

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 John Hurt M.D. (M. D. or other) MD

Address 2840 a California Date signed 7-15-46

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....Not Embalmed....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.