

FILED FEB 17 1947 318

Registration District No. _____ Primary Registration District No. **1003**

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

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: **St. John Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 Hours**
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Edwin A. Ohlemeyer**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Infant**

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

7. Birth date of deceased **Dec 7 1942**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

4 **I** **28** hr. _____ min.

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

10. Usual occupation **Infant**

11. Industry or business _____

12. Name **Edwin A. Ohlemeyer**

13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

14. Maiden name **Helen Sehr**

15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edwin A. Ohlemeyer**
4451 Minnesota

(b) Address _____

17. (a) **Burial** (b) Date thereof **2-7-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Our Redeemer Cem**

18. (a) Signature of funeral director **W. Schumacher**
3013 Meramec St.

(b) Address _____

19. (a) **FEB 6 1947** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **oas**

(c) City or town **St. Louis** **15 17**
(If outside city or town limits, write "RURAL")

(d) Street No. **4451 Minnesota**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **4**
 year **1947** hour **12** minute **30** P.M.

21. I hereby certify that I attended the deceased from **2-4-47**
 19____ to **2-4-47**, 19____
 that I last saw him ~~her~~ alive on **2-4-47**, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho pneumonia** **1 day**

Due to **Sepsis** **1 day**

Due to _____

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

Major findings: **107**

Of operations _____

Of autopsy **None**

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)
 (c) Means of injury _____

23. Signature **J. P. Proutts** (M. D. or other) _____
 Address **4652 Maryland** Date signed **2/7/47**

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 Francis Williamson
Licensed Embalmer No. 3565
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.