

FILED MAR 31 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9756

State File No. ....

Registrar's No. 6

BIRTH NO. _____		REG. DIST. NO. 306		PRIMARY REG. DIST. NO. 6048		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Peters rural</b>		c. LENGTH OF STAY (In this place) <b>35 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Peters rural</b>		0920 D	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----				d. STREET ADDRESS (If rural, give location) <b>3 mi. s-w of St. Peters</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) <b>J.</b>		c. (Last) <b>Ohmes</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3-24-51</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Aug. 11, 1889</b>	
9. AGE (In years last birthday) <b>61</b>		IF UNDER 1 YEAR Months Days		IF UNDER 18 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>St. Peters, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Peter Roeper</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Weighman</b>		14. NAME OF HUSBAND OR WIFE <b>Rix Ohmes</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alphonse Himmelbach, O'Fallon, Mo.</b>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b> DUE TO (c) <b>Hypertension</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH          <b>4201</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Feb. 27, 1951</b> , to <b>Feb. 24, 1951</b> , that I last saw the deceased alive on <b>Feb. 24, 1951</b> , and that death occurred at <b>6:30 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Ed. J. ... M.D.</b>				23b. ADDRESS <b>St. Charles Mo.</b>		23c. DATE SIGNED <b>3-26-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-27-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Joseph Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Cottleville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>3-27-51</b>		REGISTRAR'S SIGNATURE <b>E.A. Kethley</b>		280		FUNERAL DIRECTOR'S SIGNATURE <b>Geo. Steffner, St. Peters, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

0920

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAR 30 1951

RECEIVED

FEB 13 1959

MAY 7 1951

MAY 7 1951

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed E. A. Keethy

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 822

P. O. Address Dallas 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.