

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3570

FILED FEB 11 1953  
BIRTH NO. 5455 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 State File No. \_\_\_\_\_  
Registrar's No. #2

|   |   |  |  |  |                             |
|---|---|--|--|--|-----------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |                             |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>St. Louis</u>   |   | c. LENGTH OF STAY (in this place)  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Sappington</u>   |  | 4830                        |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Anthony Hospital</u>   |   |  | d. STREET ADDRESS (If rural, give location)<br><u>Rt. #6, Box 909</u>  |  |                             |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Mary</u>   |   | b. (Middle)  | c. (Last) <u>Ohmer</u>   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>1/1/53</u> |                             |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Single</u>  | 8. DATE OF BIRTH<br><u>Jan. 1, 1953</u>  | 9. AGE (In years last birthday) (Specify)<br><u>--</u> | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Nil</u>   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>---</u>   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>St. Louis, Missouri</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>             |                             |
| 13a. FATHER'S NAME<br><u>Russell Ohmer</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Patricia A. Welsh</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>---</u>              |                             |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO.<br><u>---</u>  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Russell Ohmer</u> ADDRESS <u>Rt. 6 Box 909 Sappington, Mo.</u>                                       |  |                             |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature before period of viability</u><br>INTERVAL BETWEEN ONSET AND DEATH<br><br>ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |  |  |  |                             |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION  |  |  |  |                             |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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)  | 21f. HOW DID INJURY OCCUR?<br><u>774X</u>              |                             |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 22. I hereby certify that I attended the deceased from <u>1/1</u> , 19 <u>53</u> , to <u>1/1</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/1</u> , 19 <u>53</u> , and that death occurred at <u>5:45</u> p.m., from the causes and on the date stated above. |  |  |                             |
| 23a. SIGNATURE<br><u>Ralph Bergano</u>  |   | 23b. ADDRESS<br><u>3203 S Grand</u>  | 23c. DATE SIGNED<br><u>1/2/53</u>  |  |                             |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 24b. DATE<br><u>1/3/53</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Calvary Cemetery</u>  | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis, Missouri</u>  |  |                             |
| DATE REC'D BY LOCAL REG.<br><u>JAN 2 1953</u>   | REGISTRAR'S SIGNATURE<br><u>J. Carl Smith M.D.</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Wacker - Jelderle</u>   | ADDRESS<br><u>3634 Gravois</u>                         |                             |

WRITE PLAINLY—USING 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 \_\_\_\_\_

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

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_

*Frank J. [Signature]*

Licensed Embalmer No. *2675*

P. O. Address *St. Louis*

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.