

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21053

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5208

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ST. LOUIS, MISSOURI</u>		c. STATE <u>Missouri</u>	b. COUNTY <u>2189</u>
c. LENGTH OF STAY (in this place) <u>2 wks</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL</u>		e. STREET ADDRESS <u>916 Tower Grove</u>	(If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) <u>GEORGE</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>OJEMAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 10, 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-26-1879</u>	9. AGE (In years last birthday) <u>75</u>	if UNDER 1 YEAR Months <u>2</u> Days <u>14</u>	if UNDER 1 HR. Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Guard</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. A.A.F.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo. O</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>George W. Ojeman</u>	13b. MOTHER'S MAIDEN NAME <u>Caroline Kohring</u>	14. NAME OF HUSBAND OR WIFE <u>Sadie Ojeman</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY (If yes, give year or dates of service) <u>Name</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sadie Ojeman</u> ADDRESS <u>Above</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerotic heart disease</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>4200</u>

22. I hereby certify that I attended the deceased from 5-30-54, 1954, to 6-10-54, 1954, that I last saw the deceased alive on 6-10-54, 1954, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert B. Cotton</u> (Degree or title)	23b. ADDRESS <u>1515 Lafayette Avenue</u>	23c. DATE SIGNED <u>6-10-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	24b. DATE <u>6-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>JUN 11 1954</u>	REGISTRAR'S SIGNATURE <u>Charles Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maplewood, Mo</u> ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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.....
Signature of Student Embalmer

Signed..... *H C Burgess*

Licensed Embalmer No. *402*

P. O. Address *Maplewood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.