

FILED AUG 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27419**

BIRTH MO. _____		REG. DIST. NO. <b>159</b>	PRIMARY REG. DIST. NO. <b>55915</b>	Registrar's No. <b>54</b>
1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HILLS BORO</b>	c. LENGTH OF STAY (In this place) <b>1 mo.</b>	c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Castle Acres Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>2341 Tennessee Ave. 2179</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lynne</b>		b. (Middle) <b>S.</b>	c. (Last) <b>Ouhrabka</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>August 14, 1956</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 29, 1876</b>	9. AGE (In years last birthday) <b>80</b> IF UNDER 1 YEAR Months <b>1</b> Days <b>15</b> IF UNDER 24 HRS. Hours <b>15</b> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Martinsberg, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>David Owen</b>		13b. MOTHER'S MAIDEN NAME <b>? Shall</b>	14. NAME OF HUSBAND OR WIFE <b>William J. Ouhrabka</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>William J. Ouhrabka</b> ADDRESS <b>2341 Tennessee Ave.</b>	
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>Bronchitis - pneumonia (Terminal)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <b>Gen. arterio-sclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Sonility</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Aug 7, 56</b>  <b>years</b>
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? 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) <b>4500</b>	
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"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <b>July 28, 1956</b> , to <b>Aug 14, 1956</b> , that I last saw the deceased alive on <b>Aug 8, 1956</b> , and that death occurred at <b>5:45 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Harold W. Neff</b> (Degree or title) _____		23b. ADDRESS <b>Desoto, Mo.</b>		23c. DATE SIGNED <b>Aug 15, 56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>	24b. DATE <b>8/18/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>8-16-56</b>	REGISTRAR'S SIGNATURE <b>Carl S. [Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John H. Gebken Sons</b> ADDRESS <b>2630 Gravois Ave.</b>		

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

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 21 1958

AUG 18 1956

MAR 14 1957

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 *Gerald J. Mahru* .....

Licensed Embalmer No. *491* .....

P. O. Address *De Soto* .....

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.