

FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25152

BIRTH NO. _____		REG. DIST. NO. 159	PRIMARY REG. DIST. NO. 5591	Registrar's No. 49
1. PLACE OF DEATH a. COUNTY JEFF.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo b. COUNTY ST. LOUIS		
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN HILLSBORO RURAL CENTRAL		c. LENGTH OF STAY (in this place) 6 DAYS	c. CITY OR TOWN WEBSTER GROVES	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (if not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION CASTLE ACRES NURSING HOME		e. STREET ADDRESS (if rural, give location) 213 CLARA RT #1		
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) E c. (Last) OCKERMANN		4. DATE OF DEATH (Month) (Day) (Year) JULY 14 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 22 1896	9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UPHOLSTERER	10b. KIND OF BUSINESS OR INDUSTRY FURNITURE	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME VALENTINE OCKERMANN		13b. MOTHER'S MAIDEN NAME ELIZABETH MILLER		14. NAME OF HUSBAND OR WIFE UNK.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 494-01-8135	17. INFORMANT'S SIGNATURE OR NAME MRS MARGARET REDDING ADDRESS 213 CLARA		
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gen. arterio-sclerosis		INTERVAL BETWEEN ONSET AND DEATH years
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerotic heart disease		years
		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? 2 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)		4200
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 July 13, 1957 , to July 14, 1957 , that I last saw the deceased alive on July 13, 1957 , and that death occurred at 4:15 pm. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Notary M.D.		23b. ADDRESS Debut, 110		23c. DATE SIGNED July 15 1957
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 18 1957	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION	24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 7-15-57 REG.	25. FUNERAL DIRECTOR'S SIGNATURE MORRIS BROS.		ADDRESS 3710 N GRAND ST. LOUIS	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
MILLSBORO, MISSOURI

DATE RECEIVED

JUL 20 1957

JUL 29 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 *Elmo R. Caldwell*.....

Licensed Embalmer No. *4072*

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