

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26430

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6393

1. PLACE OF DEATH
a. COUNTY St. Louis
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo. c. LENGTH OF STAY (In this place) 8 Mo-10 Days
c. CITY OR TOWN St. Louis, d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Chronic Hospital
e. STREET ADDRESS (If rural, give location) 2370 718 CLARK ST

3. NAME OF DECEASED (Type or Print)
a. (First) Emilie b. (Middle) _____ c. (Last) Ohlemeyer
4. DATE OF DEATH (Month) (Day) (Year) July 7-1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Widowed
8. DATE OF BIRTH 9-10-1865 9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and State or Foreign Country) Germany 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME August Block 13b. MOTHER'S MAIDEN NAME Albertine Marks 14. NAME OF HUSBAND OR WIFE Henry Ohlemeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Erwin Ohlemeyer St. Charles ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bl. Lower Lobar Pneumonia INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS Decompensated Hypertensive Cardiovascular Disease
Conditions contributing to the death but not related to the disease or condition causing death. 490x. 2 yrs.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Oct. 27, 1955, to July 7, 1957, that I last saw the deceased alive on July 7, 1957, and that death occurred at 8:55 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John W. Beckham, M.D. 23b. ADDRESS 5800 Arsenal 23c. DATE SIGNED 7/8/58

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE July 9-1957 24c. NAME OF CEMETERY OR CREMATORY St. Peter's 24d. LOCATION (City, town, or county) (State) Nashville Tenn

DATE REC'D BY LOCAL REG. JUL 10 1957 REGISTRAR'S SIGNATURE Charles Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Arthur Cave ADDRESS St. Charles Mo.

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.....
Signature of Student Embalmer

Signed..... *Arthur C. Bane*

Licensed Embalmer No. *915*.....

P. O. Address *W. C. Lane*.....

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.