Health, Welfare Public Service

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FILED JAN 30 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-001805
STATE FILE NUMBER

Registration District No. 163 Primary Registration District No. 3031 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY JEFFERSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DESOTO, MO — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 622 S. 2ND — Length of stay in Ib YRS.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO COUNTY JEFFERSON
c. CITY OR TOWN DESOTO — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 622 S 2ND (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First LEO Middle G. Last OHLMAN

4. DATE OF DEATH Month JAN Day 24 Year 1959

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 20 1874
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) HARNESS MAKER
10b. KIND OF BUSINESS OR INDUSTRY LEATHER
11. BIRTHPLACE (City and state or country) ST. LOUIS, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME MICHAEL OHLMAN
13b. MOTHER'S MAIDEN NAME CATHERINE JAGER BERGER
14. NAME OF HUSBAND OR WIFE ANNA P. OHLMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT ANNA P. OHLMAN Address 622 S 2ND DESOTO, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer, gastric — INTERVAL BETWEEN ONSET AND DEATH 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 151X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from May 1, 1958, to Jan. 24, 1959 and last saw him alive on Jan. 20, 1959
Death occurred at 10:25 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harold E. Donnell (Degree or title) M.D.
22b. ADDRESS De Soto, Missouri
22c. DATE SIGNED Jan 24, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 1/27/59
23c. NAME OF CEMETERY ~~OR CREMATORY~~ CALVARY
23d. LOCATION (City, town, or county) DESOTO (State) MO

24. FUNERAL DIRECTOR MAHN FUNERAL HOME ADDRESS DESOTO, MO
25. DATE RECD. BY LOCAL REG. 1-27-1959
26. REGISTRAR'S SIGNATURE Marie Harris.
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DATE RECEIVED
JAN 29 1959

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. Mahn

Licensed Embalmer No. 4975

P. O. Address De Soto, 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.