

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791
1003

16684
Do not use this space.

4545

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St Louis (d) Street No. 2227 Jules Ave St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

John M Ostmann 235

(a) Residence, No. 2227 Jules Ave St. 23
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ostmann
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2nd 1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 3 13
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bottler
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16th 1938

I HEREBY CERTIFY that I attended deceased from March 10 - 1935 to May 16 1938
 I last saw him alive on May 10 1938 Death is said to have occurred on the date stated above, at 8.55 a.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of small bowels
 Date of onset

Other contributory causes of importance:
None
 Name of operation of blood test Date of March 35
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify Joseph R. Burns M. D.
 (Signed) Joseph R. Burns
 (Address) 4209 Olive St

12. BIRTHPLACE (CITY OR TOWN) St Louis 0
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Clemens Ostmann 6
 14. BIRTHPLACE (CITY OR TOWN) Germany 6
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Caroline Vox
 16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

17. INFORMANT Mrs Mary Ostmann
 (ADDRESS) 2227 Jules Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St Peter-Paul May 19th '38

19. FUNERAL DIRECTOR Stroot - Carroll
 (ADDRESS) 4600 Natural Bridge

20. FILED MAY 18 1938 J. F. Budach
 Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No. 2265
working under my personal supervision.

Signed *Robert H. Stovall*
.....
Licensed Embalmer No.....

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.)