

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

23373
Do not use this space.

1. PLACE OF DEATH **DEC 12 1938** **3**
 (a) County 1 Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **6067**
 (c) City **St. Louis** (d) Street No. **Enroute City Hospital** 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. ds.

2. PRINT FULL NAME **George C. Ostmeier** **2 35**
 (a) Residence, No. **4058 So. Main St.** St. **15** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 **Marie Ostmeier**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 15, 1898.**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	39	9	21	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **City dog Pond**

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, MO.** **0**

FATHER 13. NAME **Christian Ostmeier** **0**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, MO.** **6**

MOTHER 15. MAIDEN NAME **Clara Gieson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany.**

17. INFORMANT **Marie Ostmeier**
(ADDRESS) **4058 So. Main St.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **St. Mathew Cem.** DATE **July 9, 1938**

19. FUNERAL DIRECTOR **J. H. Gebken & Co.**
(ADDRESS) **2842 Meramec St.**

20. FILED **JUL 7 1938** **J. P. Bieder**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 6** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **July 6** 19**38** to **July 6** 19**38**
 I last saw her alive on **July 6** 19**38**. Death is said to have occurred on the date stated above, at **5:40 P.** m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocardial Insufficiency
Cardiac Hypertrophy
 Date of onset **June 27-38**

Other contributory causes of importance:
Interstitial Nephritis, chronic

Name of operation **131** Date of
 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 **SA**
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so specify **W. Kellenberg & Co. M. D.**
 (Signed) **W. Kellenberg & Co.**
 (Address) **501 S. Olive**

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, Herman A. Gebken, Licensed Embalmer No. 2120
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Herman A. Gebken
Licensed Embalmer No. 2120

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.)