

REC'D AUG 12 1938

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

Do not use this space.

23900

1. PLACE OF DEATH

County: St. Louis Registration District No. 1003
Township: St. Louis, Mo. Primary Registration District No. 245
City: St. Louis, Mo. (No. 1003) Barnard Skin & Cancer Ward 6594

2. FULL NAME

(a) Residence, No. 1201 E Franklin St. Ward R Taylorville, Ill
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie Oseland</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 21, 1873</u>		
7. AGE YEARS <u>64</u>	MONTHS <u>11</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>coal miner</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <u>1932</u>		11. Total time (years) spent in this occupation <u>43</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Litchfield, Ill</u>		
13. NAME <u>William Oseland</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
15. MAIDEN NAME <u>Elizabeth Dougherty</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>		
17. INFORMANT (ADDRESS) <u>William A. Beal, Taylorville, Ill.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Taylorville, Ill.</u> DATE <u>July 26, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Albert H. Hopp, Inc., 429 N. Euclid, St. Louis</u>		
20. FILE <u>JUL 24 1938</u> <u>J. B. Beckwith</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1938

22. I HEREBY CERTIFY that I attended deceased from July 8, 1938 to July 23, 1938
Last saw him alive on July 23, 1938 Death is said to have occurred on the date stated above, at 9:48 p. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of penis (Date of onset 1935)
Generalized arteriosclerosis
Other contributory causes of importance:
Amputation of penis Date of 7/15/38
Name of operation Amputation of penis Date of 7/15/38
What test confirmed diagnosis? Biopsy 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 of injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) James H. Foster, M. D.
(Address) 3728 Washington St. St. Louis, Mo.

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.

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