

AUG 12 1938

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

24121
Do not use this space.

6815

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township Primary Registration District No. 1008
 (c) City St. Louis (d) Street No. 2631 S. St. 23
 (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 Mary Oster

(a) Residence, No. 2631 S. 13th 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 Female 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 Johann Oster
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4, 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 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) Austria Hungary
 FATHER 13. NAME Nic. Bruer
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary
 MOTHER 15. MAIDEN NAME Mary Oster
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

17. INFORMANT Johann Oster
 (ADDRESS) 2631 S. 13th St.
 18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Aug. 1, 1938
 19. FUNERAL DIRECTOR Witt Bros. S. & U. Co.
 (ADDRESS) 2929 S. Jefferson Ave.
 20. FILED JUL 31 1938 J. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1938 to July 8, 1938
 I last saw her alive on July 8, 1938 Death is said to have occurred on the date stated above, at 3:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Paralysis Agitans Date of onset 1936
 Other contributory causes of importance: Chronic Myocarditis 1936

Name of operation 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. no
 Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify William Dinko, M. D.
 (Signed) William Dinko (Address) 1319 S. Manning

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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.

I X12004

STATEMENT BY LICENSED EMBALMER

Paul A. Shanklin

Licensed Embalmer No.

3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Paul A. Shanklin

L. E.

No. *3472* or by

Registered Apprentice No.

working under my personal supervision.

Signed

Paul A. Shanklin

Licensed Embalmer No.

3472

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.)