

REC'D MAR 9 1939

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

5241
Do not use this space.
440

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 395
 (b) Township 1st Primary Registration District No. 1002
 (c) City St. Louis (d) Street No. Gen. Hays 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 Charles A. Oshill
 (a) Residence, No. 2842 Penny St. (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Oshill

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 - 1883

7. AGE YEARS 5-3 MONTHS 5- DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Barber
 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) Mo

FATHER
 13. NAME Albert Oshill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
 15. MAIDEN NAME Susan M. Laughlin
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Myrtle Oshill
2842 Penny

18. BURIAL, CREMATION, OR REMOVAL Wadsworth Maus DATE Feb 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rose Henderson
1st St. St. Louis

20. FILED 72 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-1-39 1939

22. I HEREBY CERTIFY That I attended deceased from primary cause to primary cause, 1939
 I last saw him on 7:10 a.m. 1939 Death is said to have occurred on the date stated above, at 7:10 a.m.
 The principal cause of death and related causes of importance were as follows:
Carbolic acid poisoning
 Date of onset 163-

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide suicide Date of injury 2-1-39
 Where did injury occur? K.C. Mo
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Do not know
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? H
 If so, specify _____
 (Signed) Myrtle Oshill, M. D.
 (Address) 2842 Penny 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.

APR 11 6 1964

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, above space should be left blank.