

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.

REC'D AUG 11 1939

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 5957

1. PLACE OF DEATH:

1003

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute City Hosp. #1 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 25 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 2808 Missouri Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME James A. Osborne 216

3. (b) If veteran, name war None 3. (c) Social Security No. 498-10-6581

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Osborne 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Nov. 1, 1883
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Waterbury Conn.
(City, town, or county) (State or foreign country)

10. Usual occupation Radio Repairman

11. Industry or business Radio Store

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James Osborne

(b) Address 2808 Missouri Ave.

17. (a) Burial (b) Date thereof July 8, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bickers

18. (a) Signature of funeral director A. H. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) July 6 1939 (Date received local registrar) J. B. Bruck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5
year 1939 hour 11:30 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Gun Shot wound in the head self-inflicted at his home
Due to Home 2808 Missouri
Due to on July 5-1939

Other conditions at about 11:40 AM
(Include pregnancy within 6 months of death)

Major findings: Wounds
Of operations _____

Of autopsy 16

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 7/5/39

(c) Where did injury occur? 5214 1/2 Ave
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?
Home

While at work? _____
(Specify type of place) (e) Means of injury gun

23. Signature Joseph W. ... (M. D. or other)

Address ... City signed 7/6

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2301 Lafayette

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.