

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38072
Registrar's No. 9911

Registration District No. 791
1005

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3416 Vista Ave
(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 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME William H. Osborn 216

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Johanna 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased April 4, 1871
(Month) (Day) (Year)

8. AGE: Years 68 Months 7 Days 14 If less than one day hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)
Carpenter

10. Usual occupation Unemployed

11. Industry or business Wm. Osborn

12. Name Wm. Osborn 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 Mable Walker
(b) Address 3416 Vista Ave

17. (a) Burial (b) Date thereof 11/21/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director R. W. McKershall
(b) Address 2301 Lafayette Ave

19. (a) NOV 21 1939 (b) J. J. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
(c) City or town St. Louis 18
(If outside city or town limits, write "RURAL")
(d) Street No. 3416 Vista Ave
(If rural, give location)
(e) If foreign born, how long in U. S. _____ years

20. DATE OF DEATH: Month Nov. day 18
year 1939 hour 9 00 A. M.
minute

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 Coronary Occlusion
Arteriosclerosis

Due to Heart

Due to Art

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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

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

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

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

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

23. Signature Joseph ... Date signed _____
Address Deputy ...

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: *L. K. Cooper*

Licensed Embalmer No. *9633*

P. O. Address *23170 Weymouth*

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.