No. 2
11-10-39
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I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20224

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5172

1. PLACE OF DEATH:

(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: Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 351

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Clayton Mo. N.R.
(If outside city or town limits, write "RURAL")

(d) Street No. 314 N. Central
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Peter Ossenfort

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Wh

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Clara Ossenfort

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased June 18 - 1875 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	11	25	hr. min.

9. Birthplace St Louis Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Retired Judge

11. Industry or business

FATHER
12. Name William Ossenfort
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Eliza Kincaid
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant John P. Ossenfort Jr
(b) Address 329 N. Central Clayton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-15-1940 (Month) (Day) (Year)

(c) Place: burial or cremation St Monicas

18. (a) Signature of funeral director Louis H Bopp
(b) Address Kerkwood Mo.

19. (a) JUN 13 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1940 hour 8 minute 35 A.M.

21. I hereby certify that I attended the deceased from Aug 21, 1939 to June 12, 1940
that I last saw him alive on June 12, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage Apoplexy	7 days
Due to Arteriosclerosis	5 years?
Due to	
Other conditions Hypertrophied Prostate (Include pregnancy within 3 months of death)	
Major findings: Of operations Prostatectomy April 9th 1940	
Of autopsy	

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

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

23. Signature C R Shuffler (M. D. or other)
Address 1020 Mo. Theatre Bldg. St Louis, Mo. Date signed 6-13-40

(Licensed Embalmer's Statement on Reverse Side)

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 John M. Meyer, Registered Apprentice No. ....., working under my personal supervision.

Signed John M. Meyer

Licensed Embalmer No. 3288

P. O. Address 340 W Adams Av Kirkwood, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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