

Registration District No. 79

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 31 days  
(Specify whether  
In this community 15 years  
years, months or days)

8. (a) PRINT FULL NAME GEORGE A. OSTERMANN 236

8. (b) If veteran, name war No 3. (c) Social Security No. 493-01-5275

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

6. (b) Name of husband or wife Gertrude Ostermann 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 17, 1891  
(Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation Hod-carrier

11. Industry or business \_\_\_\_\_

12. Name August Ostermann

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

14. Maiden name Marie Bruegemann

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

16. (a) Informant D. Wiggendorf

(b) Address 5300 Arsenal St.

17. (a) Burial (b) Date of death June 21, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cem.

18. (a) Signature of funeral director J. H. Gibken & Co.

(b) Address 2630 Gravois Ave.

19. (a) JUN 20 1940 (b) J. F. Bredeck  
(Date received from registrar) (Registrar's signature)

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. 2839 Indiana  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1940 hour 2:45 minute P.M.

21. I hereby certify that I attended the deceased from May 20, 1940 to June 18, 1940  
that I last saw him alive on June 18, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia 6-15-40

Due to Paresis 6-15-40x

Due to \_\_\_\_\_

Other conditions 83  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes

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) (d) Means of injury 1

23. Signature Stan T. Hartman (M., D., or other)

Address 5300 Arsenal Date signed 6-19-40

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

**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 Herman A. Gebker  
Licensed Embalmer No. 2120  
2842 Meramec St.  
P. O. Address St. Louis, Mo.

**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.**