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3-40
7-39
K2315

Registration District No. **791**

Primary Registration District No. **1003**

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

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: **2614 Osage**
(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

3. (a) PRINT FULL NAME **Peter Louis Ost**

3. (b) If veteran, name war No. _____
3. (c) Social Security No. **498-12-8252**

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

6. (b) Name of husband or wife **Delia Ost** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **June 12 1874**
(Month) (Day) (Year)

8. AGE: Years **66** Months **8** Days **13** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Plumber**

11. Industry or business _____

12. Name **Louis Ost**

13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

14. Maiden name **Barbara Kautz**

15. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Delia Ost**

(b) Address **2614 Osage**

17. (a) **Burial** (b) Date thereof **2/28/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Schumacher Ind. Co.**

(b) Address **3013 Meramec**

19. (a) **FEB 26 1941** (b) **J. W. Bredeck**
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000 172**
(c) City or town **St. Louis 9 24**
(If outside city or town limits, write "RURAL")
(d) Street No. **2614 Osage**
(If rural, give location)
(e) If foreign born, how long in U.S.A. _____ years

20. DATE OF DEATH: Month **Feb.** day **25** year **1941** hour **5.25** minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis
Diabetes

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? _____

(e) **While at work?** (Specify type of place) _____ (c) Means of injury **3**

23. Signature **[Signature]** (M. D. or other) _____

Address **[Signature]** Date signed **2/24/41**

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 George Deschampsault, Registered Apprentice No. _____ working under my personal supervision.

Signed, George Deschampsault

Licensed Embalmer No. 2906

P. O. Address 3013 8th Avenue

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, fact should be so stated above.