

FILED OCT 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31268

State File No. _____

Registration District No. 125

Primary Registration District No. 3009

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Cape Girardeau
 (b) City or town Cape Girardeau, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
South East Missouri Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Hospital
(Specify whether
 In this community 10 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
 year 1941 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from 9-18-41
 to 9-27, 1941
 that I last saw him alive on 9-20 and that death occurred on the date and hour stated above.

Immediate cause of death:
Chronic interstitial nephritis 6 mo

Due to _____
 Due to _____

Other conditions: Arterial sclerosis
(Include pregnancy within 3 months of death)

Major findings:
 Of operations: No operation
 Of autopsy: No autopsy

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

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?
Co. Mo.

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature R. D. Ritter, M.D. (M. D. or other) _____
 Address Cape Girardeau, Mo. Date signed 12-6-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Harry Oster

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

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

6. (b) Name of husband or wife Phalemine Oster 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 7 1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 21 If less than one day _____ hr. _____ min.

9. Birthplace Perry Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Peter Oster

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

14. Maiden name Martha Bollinger

15. Birthplace Bollinger Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Francis Oster

(b) Address Perryville Mo.

17. (a) Burial (b) Date thereof Sent. 30 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Water Bollinger Co. Mo.

18. (a) Signature of funeral director Young & Sons

(b) Address Perryville Mo.

19. (a) 10-7-41 (b) G. W. Phelps
(Date received local registrar) (Registrar's signature)

1014 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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.....

Licensed Embalmer No.....

P. O. Address.....

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.