

FILED MAY 28 1942

1003

Registration District No. 791

Primary Registration District No. Registrar's No.

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

1. PLACE OF DEATH:

(a) Enroute to Josephine Hospital
(b) City or town. St. Louis, Mo.
(c) Name of hospital or institution:
On Super-Highway in Forest Park
(d) Length of stay: In hospital or institution. 3
In this community 3 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. MO. (b) County. 96
(c) City or town. Richmond Heights NR
(d) Street No. 1014 Commodore Ave.
(e) Citizen of foreign country? (Yes or No)
If yes, name country. 1

3. (a) PRINT FULL NAME Frances M. Osterholt

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

4. Sex. Female / 5. Color or race. White / 6. (a) Single, widowed, married. divorced. Married
6. (b) Name of husband or wife. Charles J. Osterholt 6. (c) Age of husband or wife if alive. 47
7. Birth date of deceased. Dec. 16th 1900

8. AGE: Years 41 Months 4 Days 28 If less than one day hr. min.

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

10. Usual occupation. Housewife

11. Industry or business.

MOTHER FATHER { 12. Name. William H. Schmidt
13. Birthplace. Germany 4
14. Maiden name. Maude Biggs
15. Birthplace. Vincennes Indiana 1

16. (a) Informant. Charles J. Osterholt

(b) Address. 1014 Commodore Ave.

17. (a) Burial (b) Date thereof. 5-18-42
(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director. Kriegshauser Mortuary
(b) Address. 4228 So. Kingshighway Blvd.

19. (a) Date received local registrar. MAY 16 1942 (b) Registrar's Signature. J. F. Bredbeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. 14th. day May
year. 1942 hour 11:30 A.M. minute M.

21. I hereby certify that I attended the deceased from May 14 1942 to May 14 1942
that I last saw her alive on May 14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Neurovascular
Duration 2 hrs

Due to. Septicemia
Due to. 2 weeks

Other conditions. 83 1/2
(Include pregnancy within 3 months of death)

Major findings: Of operations. 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?

23. Signature. Maude W. Atoll (Specify type of license) While at work. M.D. or other
Address. Date signed.

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 *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

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.