

5-17-39
I X29484

FILED **AUG 6 1942** 91

Registration District No.

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, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution, **6 Days**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME **Mary Oster**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **no**

4. Sex **Female** / **5. Color or race** **white**
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife **Henry Oster**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **March 25, 1879**
(Month) (Day) (Year)

8. AGE:
Years Months Days If less than one day
63 3 23 hr. min.

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

10. Usual occupation **at home**

11. Industry or business.....

MOTHER FATHER
12. Name **Henry Mermann**
13. Birthplace **Germany 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Don't know**
15. Birthplace **Don't know 9**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Oster**
(b) Address **2830 S. Broadway**

17. (a) Burial (b) Date thereof **July 21/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **SS. Peter and Paul Ch.**

18. (a) Signature of funeral director **Weick Bros. Und. Co.**
(b) Address **2201 S. Grand Bl.**

19. (a) **WV 27-101** (b) (c) (d)
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis roadway** **1724**
(If outside city or town limits, write "RURAL")
(d) Street No. **2830 S. Broadway**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **18,**
year **1942** hour **12:20** minute **P.** M.
21. I hereby certify that I attended the deceased from **July**
13, **42** to **July 18,** **19 42**
that I last saw her alive on **July 18,** **19 42**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Hypertensive Heart Disease
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy **Not done.**

Duration
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?.....

While at work..... (Specify type of place)
(e) Means of injury.....
23. Signature **W. D. Wade** (M. D. or other)
Address **1515 Lafayette Avenue,** Date signed **7/19/42**

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.....

Wm. A. Stewart

Licensed Embalmer No. **3722**

P. O. Address **412 Duchouquette**

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

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23007
Registrar's No. 6171

Registration District No. 791

Primary Registration District No. 1003

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:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mary Ester
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced w

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

7. Birth date of deceased Mar 25 1912
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 3 (If less than one day min.)

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name.....
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant..... (b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address SEP 3 1912

19. (a) (Date received local registrar) 1912 (Registrar's signature) J. F. Brudick

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (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 July year 1912 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from 1912 to 1912 and that death occurred on the date and hour stated above. Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions (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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature..... (M. D. or other).....
Address..... Date signed.....

SUPPLEMENTARY

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

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1-41
X29288

