

S. No. 2
1-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
NOV 6 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32300

State File No. _____
8886
Registrar's No. _____

Registration District No. 318

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:
1508 So. 13th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 yrs
In this community _____
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1508 So. 13th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Herman Ossig
(b) If veteran, name war No
(c) Social Security No. None
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced M
(b) Name of husband or wife Emma
(c) Age of husband or wife if alive 72 years
7. Birth date of deceased June 16, 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 24
year 1942 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from Oct 19/1942
to Oct 24 42
that I last saw him alive on Oct 24
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 4 Days 8
If less than one day hr. _____ min. _____

Immediate cause of death Acute Corneal Dilatation Duration 1 Day
Due to Ch. Myocarditis
Due to _____
Other conditions La Grippe - acute frigiditas 1 wk.
(Include pregnancy within 3 months of death)

9. Birthplace Germany (City, town, or county) (State or foreign country) 4
10. Usual occupation Wood Worker
11. Industry or business Unemployed
12. Name Theodore Ossig
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

Major findings:
Of operations _____
Of autopsy 1/13
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Emma Ossig
(b) Address 1508 So. 13th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/27/42
(Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park Cemetery
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave
19. (a) OCT 26 1942 (Date received local registrar) (b) J. F. Predegar (Registrar's signature)

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 Leo B. Young (M. D. or other) _____
Address 2621 S Jefferson Date signed 10/26/42

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

LP

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 *Paul A Keith*

Licensed Embalmer No. *3613*

P. O. Address *2317 Lafayette*

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.