S. No. 2
M—5-42
v. 5-17-39
I X32873

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

35938

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 16 1942 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9283

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:
4565 Tower Grove Pl. /
(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)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 12

(c) City or town St. Louis 917
(If outside city or town limits, write "RURAL")

(d) Street No. 4565 Tower Grove Pl.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mary Sostmann

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 Widowed

6. (b) Name of husband or wife Late John B. Sostmann

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

7. Birth date of deceased Feb. (Month) 7th (Day) 1865 (Year)

8. AGE: Years 77 Months 8 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Unknown Kimpel
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Kate Alt
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant J.S. Brinkmeyer
(b) Address 4565 Tower Grove Pl.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

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

19. (a) Nov 6 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4th year 1942 hour 1 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan 1, 1942, to Nov 4, 1942, that I last saw her alive on Nov 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes mellitus	3 years
Due to Pancreatic disease	4 yrs
Due to Arteriosclerosis	4 yrs
Other conditions (Include pregnancy within 3 months of death) —	

Major findings:
Of operations no operation
Of autopsy no 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? — — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature D W T Hirschi (M. D. or other) M D
Address 3500 N Grand Date signed 11/5/42

844 (Licensed Embalmer's Statement on Reverse Side)

3500 N. Grand 1-2

Newstead 1358

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 Edwin D McDermott

Licensed Embalmer No. 3024

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.