S. No. 2
M—9-4-41
5-17-39
X29

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8645

FILED APR 3 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2380 000 12 9 16

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: 4049 Potomac St., 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

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. 4049 Potomac St., (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary A. Osthoff,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female,

5. Color or race White,

6. (a) Single, widowed, married, divorced Widowed,

6. (b) Name of husband or wife John W. Osthoff,

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

7. Birth date of deceased May (Month) 15, (Day) 1854, (Year)

8. AGE: Years 88 Months 10 Days 10 If less than one day hr. min.

9. Birthplace Cincinnati, (City, town, or county) Ohio, 1 (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

FATHER 12. Name George Wilming,

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

MOTHER 14. Maiden name Anna Thole,

MOTHER 15. Birthplace Cincinnati, (City, town, or county) Ohio, 1 (State or foreign country)

16. (a) Informant Al Osthoff,

(b) Address 4049 Potomac St.,

17. (a) Removal, (Burial, cremation, or removal) (b) Date thereof 3/26/43 (Month) (Day) (Year)

(c) Place: burial or cremation Effingham, Ill.

18. (a) Signature of funeral director Gebken-Berg Mortuary

(b) Address 2842 Meramec St.,

19. (a) MAR 26 1943 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 year 1943 hour 8 00 minute A. M.

21. I hereby certify that I attended the deceased from June, 1935, to March 25, 1943 that I last saw her alive on March 25, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chr. Myocarditis	
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)

(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 Andrew L. Klein (M. D. or other) M.D.

Address 4632 So. Grand Date signed 3/25/43

(Licensed Embalmer's Statement on Reverse Side)

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 me, Registered Apprentice No. , working under my personal supervision.

Signed Joe B. Berg

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St., St. Louis, Mo.

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.