

FILED APR 19 1943

818

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County: St. Louis  
(b) City or town: St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Irvin Desloge Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 5 weeks  
(Specify whether  
In this community: \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis  
(c) City or town: St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 2821 Sidney Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: Charles Osborn

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No.: \_\_\_\_\_

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widower  
6. (b) Name of husband or wife: Ella Hamilton 6. (c) Age of husband or wife if alive: Dec. years  
7. Birth date of deceased: October 12, 1871  
(Month) (Day) (Year)

8. AGE: Years: 71 Months: 5 Days: 20 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Coulterville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation: Sign Painter

MOTHER FATHER

11. Industry or business: \_\_\_\_\_  
12. Name: William Osborn  
13. Birthplace: Don't know 9  
(City, town, or county) (State or foreign country)  
14. Maiden name: " " 9  
15. Birthplace: " " 9  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Margaret Burns  
(b) Address: Coulterville, Illinois

17. (a) Burial (b) Date thereof: 4/5/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Cemetery

18. (a) Signature of funeral director: John N. Gibson

(b) Address: 2630 Gravois

19. (a) APR 4 1943 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 2  
year: 1943 hour: 8: minute: P. M.

21. I hereby certify that I attended the deceased from Mar 20 1943 to Apr 2 1943  
that I last saw him in alive on Apr 1 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: hemorrhage from embolus Duration: 1 week

Due to: rupture of internal hem. cerebral ven

Due to: Thrombosis - accidental 1 week

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations: 1/23 2  
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: one week previous  
(c) Where did injury occur? to death  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In hospital

While at work? No (Specify type of place)  
Means of injury: Personal injury

23. Signature: Pat Russell (M. D. or other) \_\_\_\_\_  
Address: 3720 Washington Date signed: 4/3/43

**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 Robert F. Leiken

Licensed Embalmer No. 4144

P. O. Address. 2630 Gravois

**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.**