

V. S. No. 2  
DOM-2-43  
Rev. 5-17-39  
1 X355

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12597

State File No. \_\_\_\_\_

Registrar's No. **4281**

FILED MAY 14 1943 318

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**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1184a Hodiament St.**  
(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:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1184a Hodiament St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Frederick Ernest Ostendorf**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security **493-05-9394**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **December 7 1897**  
(Month) (Day) (Year)

8. AGE: Years **45** Months **4** Days **28** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Moscow Mills Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **Wagner Electric Co.**

MOTHER FATHER

12. Name **Henry Ostendorf**

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

14. Maiden name **Anna Vopel**

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

16. (a) Informant **Kate Shafer Harrell**

(b) Address **Moscow Mills, Mo.**

17. (a) **Burial** (b) Date thereof **5/8/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Troy, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **MAY 7 1943** (b) **J. Beedeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **5** year **1943** hour \_\_\_\_\_ minute **30 P.** M.

21. I hereby certify that I attended the deceased from **March 30**, 19**43**, to **May 5**, 19**43** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **2 mo**

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **J. H. Cup** (M. D. or other)

Address **4503 37th Washington** Date dictated **May 7 43**

MAY 25 1948

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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.....

*J. Allen Davis Jr.*  
Licensed Embalmer No. *4053*

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.