

FILED MAY 11 1943 77
Registration District No. 77

Primary Registration District No. 3016

26
5
7
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location) 2 wks
(d) Length of stay: In hospital or institution 7 wks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 612 Delaware St. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Frank Peter Osterloh

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 Infant

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

7. Birth date of deceased Feb. 16, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 19 hr. min.

9. Birthplace Jefferson City, Mo. Cole
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER
12. Name L. J. Osterloh
13. Birthplace Hartsburg, Mo. Boone
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Glass
15. Birthplace Union City, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant L. J. Osterloh

(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/43 (Month) (Day) (Year)

(c) Place: burial or cremation Riverview Cem.

18. (a) Signature of funeral director Victor Buescher

(b) Address Jefferson City, Mo.

19. (a) 4-6-43 (Date received local registrar) (b) Theresa Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4
year 1943 hour _____ minute 10 P. M.

21. I hereby certify that I attended the deceased from Mar 19 1943 to Apr 4 1943
that I last saw him alive on Apr 4 - (7 pm) 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis Duration 2 1/2 days

Due to Acute Gastric-Enteritis 7 days

Due to Bunches pneumoniae

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: 119a
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 SB/Kauer (M. D. or other) Address Jefferson City Mo Date signed 4/17/43

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.....

Victor Buescher

Licensed Embalmer No.....

3701

P. O. Address Jefferson City, 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.