

S. No. 2
M-2.43
5-17-30
I 338

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23346

State File No.

6855

REGISTRATION DISTRICT NO. **318**

Primary Registration District No. **1003**

Registrar's No.

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:
4326 Osceola /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 62 years (Specify whether
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. 4326 Osceola
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Anna M. Osterholtz

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

7. Birth date of deceased June 19, 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 1 9 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Luehrs

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

14. Maiden name Anna Von Ahnan

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

16. (a) Informant Mr. John H. Osterholtz

(b) Address 4326 Osceola

17. (a) Burial (b) Date thereof July 31, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis

19. (a) July 20 1943 (b) J. F. Bredek
(This space for local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1943 hour 4 minute 45 A. M.

21. I hereby certify that I attended the deceased from 7-7-43 to 7-28-43
that I last saw her alive on 7-27- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Senility

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 1628

Major findings:
Of operations _____
Of autopsy _____

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. P. Shuts (M. Deorother)
Address 2506 S. Kingshighway Date signed 7-28-43

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

MOTHER FATHER

Dr. J. S. Sheets
2500 So. Kings

La3083

1-3

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.....

Matthew - J. McShan....., Registered Apprentice No. 352
working under my personal supervision.

Signed..... [Signature]

Licensed Embalmer No. 3737

P. O. Address..... 1936 St. Louis

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.