

S. No. 2
M-2-43
5-17-39
X3867

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33409

State File No. _____

OCT 27 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9239

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:
4862 Sanfrancisco Ave
(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. 4862 Sanfrancisco Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Herman W. Ostermann

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Agnes Ostermann alive _____ years

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

7. Birth date of deceased Sept. 10 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	1	10	hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Watchman

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

{ 14. Maiden name Unknown

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

16. (a) Informant Mrs. Marie Costello

(b) Address 4862 Sanfrancisco Ave

17. (a) Burial Calvary Cemetery
(Burial, cremation, or removal)

(b) Date thereof 10/23rd/43
(Month) (Day) (Year)

(c) Place: burial of cremation _____

18. (a) Signature of funeral director Stroet - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) OCT 20 1943 (b) J. F. Bruck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 20th
year 1943 hour 8 minute 45a M.

21. I hereby certify that I attended the deceased from 1-15-43
_____ 19____ to 10-20-43 19____
that I last saw him alive on 10-15-43 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic endocarditis

Due to general arteriosclerosis

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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 Herman W. Ostermann (M. D. or other) _____

Address 5074 Union Ave Date signed 10-20-43

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

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 Frank H. Street

Licensed Embalmer No. 2265
P. O. Address 4600 Dist. Nat. Bldg

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.