

FILED JAN 4 1944
818
Registration District No.

Primary Registration District No. 1003

State File No. _____
Registrar's No. 11698

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:
4038 Minnesota Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community Life (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Oscar E. Clostermeyer, Jr.

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased September 9, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 3 14 _____ hr. _____ min.

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

10. Usual occupation Medart Company

11. Industry or business _____

12. Name Oscar Clostermeyer
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Mueller

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Clostermeyer

(b) Address 3657 Montana Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 27 43
(Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Wheeler-Heldrich Mnd. Co.

(b) Address 3634 Gravois Ave.

19. (a) DEC 27 1943 (Date received local registrar) J. F. Brubaker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 4038 Minnesota Ave. (If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 23
Year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10/26/43 19____ to 12-22- 1943.
that I last saw him alive on 12-22- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Basilar Meningeal Hemorrhage Duration 2 hours

Due to Basilar Meningeal Hemorrhage Duration 3 months

Due to _____

Other conditions (Include pregnancy within 2 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) (4) Means of injury _____

23. Signature J. F. Brubaker (M. D. or other) 12/24/43
Address 3657 Montana Ave. Date signed 12/24/43

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 J. Stalund*.....
Licensed Embalmer No. *2645*.....
P. O. Address..... *St Louis 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.