

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

2  
43  
-39  
35671

**FILED MAY 20 1944**

**1003**

Registration District No. .... Primary Registration District No. ....

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Enroute to City Hospital 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
years, months or days) \_\_\_\_\_

In this community \_\_\_\_\_

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 12

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 9/6

(d) Street No. 3311 Pestalozzi  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Oswald Priesterbach

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 Widowed

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

7. Birth date of deceased Unknown abt. 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Abt. 90 Unknown \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Elsie Heib

(b) Address 3311 Pestalozzi

17. (a) Burial (b) Date thereof 5/15/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Wm. C. Moydell

(b) Address 1926 Allen Ave

19. (a) MAY 15 1944 (b) J. F. Bredet  
(Date received local health officer's report) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 12  
year 1944 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of skull Duration

subarachnoid Hemorrhage of Brain

when he was struck by a streetcar

Due to being operated by one Charles

Richardson Gregory at the intersection

Due to of Grand and Pestalozzi st

Around 6:55 am 5-12-44

Other conditions 17/288  
(include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: 17/288

Of operations \_\_\_\_\_

Of autopsy 1631

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) Accident (DDA)

(b) Date of occurrence 5-12-44

(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in a public home, on farm, in industrial place, in public place?  
Public Place  
(Specify type of place)

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

23. Signature Thomas J. Callinan (M. D. or other) 2

Address Deputy Coroner Date signed 5-15-44

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 me

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

D. M. Davis

Licensed Embalmer No.

3741

P. O. Address

1926 Allen a

**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.**