

S. No. 2
M-8-43
7-5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29688
7543

FILED SEP 18 1944

Registration District No. 318

Primary Registration District No. 100E

Registrar's No.

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

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:
1904 Hebert St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Life
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. 1904 Hebert St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Anna L. Osterwisch

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Christ Osterwisch alive _____ years
6. (c) Age of husband or wife if _____ years
7. Birth date of deceased August 16th, 1859.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 0 13 hr. min.

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

10. Usual occupation Housework

11. Industry or business.....

MOTHER FATHER

12. Name Herman A. Lueking
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Anna Meyer
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Wippo

(b) Address 1904 Hebert St.

17. (a) Entombment (b) Date thereof Sept. 1, 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Mausoleum

18. (a) Signature of funeral director Valvin F. Reutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) AUG 31 1944 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th
year 1944 hour 2:50 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 3, 1944 to August 29, 1944
that I last saw her alive on August 29, 1944
and that death occurred on the date and body stated above.

Immediate cause of death Metastatic Carcinoma of liver + stomach
Due to Carcinoma of Rt. Breast

Duration

6 mos

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

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN

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 Arthur S. ... (M. D. or other)
Address 220th Street Date signed 8/30/44

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

John A. Melina

Licensed Embalmer No. *4186*

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.