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v. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 24 1947

318

Registration District No. \_\_\_\_\_

1003

Registrar's No. 1474

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: 38 days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ooc  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1/17  
(d) Street No. 4125 Holly Hills Blvd.  
(If rural, give location) 1/17  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Emil Osterkamp

3. (b) If veteran, name war None 3. (c) Social Security No. \_\_\_\_\_

4. (a) Sex Male (b) Color or race White

6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma C. 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: July 25 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 6 16 hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business International Shoe Co.

12. Name Emil Osterkamp

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

14. Maiden name Christine Hanewinkel

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

16. (a) Informant Emma C. Osterkamp

(b) Address 4125 Holly Hills

17. (a) Burial (b) Date thereof: 2 13 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und.Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) FEB 13 1947 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11  
year 1947 hour 3 minute 555 A.M.

21. I hereby certify that I attended the deceased from  
Jan. 4, 1947, 19\_\_\_\_, to Feb. 11, 1947, 19\_\_\_\_;  
that I last saw him alive on Feb. 11, 1947, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral venous sinus thrombosis Duration 3-4 wks

Due to ? Hodgkin's disease 7 yrs

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 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)  
(e) Means of injury \_\_\_\_\_

23. Signature F R Bradley (M. D. or D.O.)

Address Barnes Hospital Date signed 2/11/46

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

MOTHER FATHER

19-10

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**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 *Edwin M. Bennett*

Licensed Embalmer No. *3024*

P. O. Address.....

**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.**