

Registration District No. 53 Primary Registration District No. 3010

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Cape Girardeau, Mo.
(c) Name of hospital or institution: South East Mo. Hospital
(d) Length of stay: In hospital or institution 5 days
In this community 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Perry
(c) City or town Crosstown, Mo.
(d) Street No. /
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mrs. Elizabeth Oster
3. (b) If veteran, name war. / 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (b) Name of husband or wife Paul Oster
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased January 11 1897

8. AGE: 60 Years 2 Months 3 Days

9. Birthplace Skidde Missouri

10. Usual occupation House Wife

11. Industry or business /
12. Name M. J. Bruen
13. Birthplace Deland
14. Maiden name Margarete Welch
15. Birthplace Penn

16. (a) Informant Paul Oster
(b) Address Crosstown

17. (a) Burial (b) Date thereof 3-14-1947
(c) Place: burial or cremation Crosstown, Mo.

18. (a) Signature of funeral director Y. Young & Sons
(b) Address Perryville, Mo.

19. (a) 3-17-1947 (b) C. C. Summer

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1947 hour 12 minute 35 a. M.
21. I hereby certify that I attended the deceased from March 6 1947 to March 12 1947 that I last saw her alive on March 11 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Hepatitis
Other conditions Chronic cholecystitis
Major findings: Acute hepatitis and Chronic Cholecystitis
Of autopsy Same as above

Duration 2 weeks
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? /
(d) Did injury occur in or about home, on farm, in industrial place, in public place? /

23. Signature H. G. Ritter, M.D. (M. D. or other) /
Address Cape Girardeau, Mo. Date signed 3-12-47

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

RECEIVED

Health Officer No. 4

File Number 347-392

Filed 3-24-47

FEB 14 1957

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..... *Wallace Young*

Licensed Embalmer No..... *4027*

P. O. Address..... *Perryville 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.