

FILED MAR 21 1947  
Registration District No. 116

Primary Registration District No. 2020

Registrar's No. 44

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

1. PLACE OF DEATH:  
 (a) County Franklin  
 (b) City or town Washington  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Francis Hospital.  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day.  
(Specify whether  
 In this community life.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Franklin 36  
 (c) City or town Washington "Rural"  
(If outside city or town limits, write "RURAL")  
R. #1 W.  
(If rural, give location)  
 (d) Street No. \_\_\_\_\_  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country Y

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Ella Charlotte Osterwald.  
 3. (b) If veteran, name war X  
 3. (c) Social Security No. X

20. DATE OF DEATH: Month March day 11th,  
 year 1947 hour 4:00 minute \_\_\_\_\_ P. M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband Otto Osterwald. 6. (c) Age of husband 71 years if alive 1878  
 7. Birth date of deceased: October 3rd 1878  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 9, 1947 to Mar 11, 1947  
 that I last saw her alive on Mar 11, 1947  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>5</u>	<u>8</u>	hr. _____ min.

Immediate cause of death. Pulmonary Embolism  
 Due to strangulated Hernia

9. Birthplace Washington, R. #1 W. Missouri.  
(City, town, or county) (State or foreign country)  
 10. Usual occupation House-work.

Due to \_\_\_\_\_  
 Other conditions 122A  
(Include pregnancy within 3 months of death)

11. Industry or business X  
 12. Name Mr. Mayer. 4  
 13. Birthplace Unknown, Germany!  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown. 11  
 15. Birthplace Unknown, Germany.  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Otto Osterwald  
 (b) Address Washington, Mo. R. #1 W.  
 17. (a) Burial (b) Date thereof Mar. 14, 1947.  
(Burial, cremation, or removal) (Month) (Day) (Year)

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?  
(Specify type of place)

18. (a) Signature of funeral director Hilburg + Pitt, Inc.  
 (b) Address Washington, Mo.  
 19. (a) 3/12/47 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature [Signature] (M. D. or other) M.D.  
 Address Washington Mo Date signed 3-22-47

Date Filed 3/22/47

District File Number

District Health Officer No. 9,

RECEIVED

JUL 25 1958

NS JUN 1 1959

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.....

Jerome F. Svoboda, Registered Apprentice No. 441  
working under my personal supervision.

Signed Lester A. Witt

Licensed Embalmer No. 3854

P. O. Address Washington, 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.