FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25910

Registrar's No. 6798

1. PLACE OF DEATH:
(a) County
(b) City or town: SAINT LOUIS, MO. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2730 LA SALLE ST. (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) LIFE In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: 000
(c) City or town: SAINT LOUIS (If outside city or town limits, write "RURAL") 17
(d) Street No.: 6516 OAKLAND AVE (If rural, give location) 9
(e) Citizen of foreign country? No. (Yes or No) 4
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM H. OSSECK
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: MARRIED
6. (b) Name of husband or wife: MATHILDA OSSECK Nee WINDT
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: OCTOBER (Month) 26TH (Day) 1875 (Year)

8. AGE: Years 71 Months 8 Days 22 If less than one day hr. min.

9. Birthplace: SAINT LOUIS, (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: WHOLESALE FLORIST
11. Industry or business
12. Name (Father): AUGUST OSSECK
13. Birthplace (Father): GERMANY (City, town, or county) (State or foreign country)
14. Maiden name (Mother): UNKNOWN
15. Birthplace (Mother): " (City, town, or county) (State or foreign country)
16. (a) Informant: MATHILDA OSSECK
(b) Address: 6516 OAKLAND AVE
17. (a) Burial (Burial, cremation, or removal); (b) Date thereof: JULY 21ST 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: VALHALLA CEMETERY
18. (a) Signature of funeral director: CALVIN F. FEUTZ
(b) Address: 4828 NAT'L. BRIDGE BLVD.
19. (a) JUL 20 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 18TH year 1947 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from June, 1947, to 18 July 1947 that I last saw him alive on 15 July 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis
Due to: Arteriosclerosis
Heart disease
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: H. R. Echterhoff (M. D. or other) MD
Address: 634 N. Grand Date signed: 19 July 47

H.R.ECHTERHOFF

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

No. 2 —1/47 5-17-39

Mo. Theater Bldg.
10 30 Am to 12 30 Pm

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. Mlinar

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.