

National Office of Vital Statistics
FILED JUL 14 1948Registration District No. **377**Primary Registration District No. **6076**Registrar's No. **1264**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **Ballwin**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Fine Crest Nursing Home 4**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT
FULL NAME**Oscar Osten**

3. (b) If veteran,

No

3. (c) Social Security No.

None

name war

4. Sex **Male**

5. Color or

White6. (a) Single, widowed, married,
divorced **Divorced**6. (b) Name of husband or wife **Helen Osten**6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased **April 27 1875**

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

73**1****18**

hr. min.

9. Birthplace **Germany**

(City, town, or county)

(State or foreign country)

10. Usual occupation **Retired****Dentist**11. Industry or business **Unknown**12. Name **Unknown**13. Birthplace **Germany**

(City, town, or county)

(State or foreign country)

14. Maiden name **Unknown**15. Birthplace **Germany**

(City, town, or county)

(State or foreign country)

16. (a) Informant **Helen Davis**(b) Address **Tampa, Fla.**17. (a) **Burial**
(Burial, cremation, or removal)(b) Date thereof **6-19-48**
(Month) (Day) (Year)(c) Place: burial or cremation **Hermann, Mo.**18. (a) Signature of funeral director **Hugo Blumer**(b) Address **47 Hermann, Missouri**19. (a) **6-24-48**
(Date received local registrar)(b) **Seula Thapp**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Gasconade** **37**
 (c) City or town **Hermann** **1**
 (If outside city or town limits, write "RURAL") **0**
 (d) Street No. **208 Wharf St.**
 (If rural, give location) **1**
 (e) Citizen of foreign country? _____ (Yes or No) **1**
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June 15** day **15th**
 year **1948** hour **11:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 13, 1948** to **June 15, 1948**
 that I last saw him alive on **June 15, 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death

Strangulated Umbilical Hernia 48 hrs

Duration

Due to _____

Due to **1220**Other conditions **Chronic myocarditis**
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause of
which death
should be
charged sta-
tistically.

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 **B.R. Long** (M. D. or other) **md**
 Address **Ballwin, Mo** Date signed **6-16-48**

MOTHER FATHER

406-11-1948

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..... *Henry M. Brammer*

Licensed Embalmer No. *4200*

P. O. Address *St. Louis*

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.