S. No. 300
Rev. 10-48

96

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

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25705

BIRTH NO. _____ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1639

1. PLACE OF DEATH
a. COUNTY: St. Louis Barracks,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Barracks, Mo.
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Vet. Adm. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 1840a Victor Street

3. NAME OF DECEASED (Type or Print)
a. (First): Ferdinand
b. (Middle): F.
c. (Last): Ostermueller

4. DATE OF DEATH (Month) (Day) (Year): July 11, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 26, 1896
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank Ostermueller
13b. MOTHER'S MAIDEN NAME: Mary Timmen
14. NAME OF HUSBAND OR WIFE: -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 492-20-3136
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Eugene F. Nolan, Registrar, Vet. Adm. Hosp. Jeff. Brks. Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Peritonitis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intestinal Obstruction
DUE TO (c) Carcinoma of Sigmoid Colon

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 11, 1949, *to* July 11, 1949, *that I last saw the deceased alive on* July 11, 1949, *and that death occurred at* 12:55p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. A. Franklin — H. A. FRANKLIN M.D. (O.D.)
23b. ADDRESS: Vet. Adm. Hosp. Jeff. Bks. Mo.
23c. DATE SIGNED: 7/11/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 14, 1949
24c. NAME OF CEMETERY OR CREMATORY: S. S. PETER & PAUL
24d. LOCATION (City, town, or county) (State): ST. LOUIS Mo

DATE REC'D BY LOCAL REG.: 7-12-49
REGISTRAR'S SIGNATURE: [signature] MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Kutis Undertakers, St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 ....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Hamer C Hill

Licensed Embalmer No. 4347

P. O. Address 2906 Gravois

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.