

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 1003

State File No. 2876  
32

2009  
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Franklin</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>New Haven</b>		0360			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>RFD</b>					
3. NAME OF DECEASED (Type or Print) <b>Wilhelmina</b>		a. (First)		b. (Middle) <b>Osiek</b>		c. (Last)			
4. DATE OF DEATH <b>Jan. 3, 1950</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			
8. DATE OF BIRTH <b>April 27, 1874</b>		9. AGE (In years last birthday) <b>75</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY _____			
11. BIRTHPLACE (State or foreign country) <b>Hartsburg, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13a. FATHER'S NAME <b>Christ Ackmann</b>		13b. MOTHER'S MAIDEN NAME <b>Henrietta Marks</b>			
14. NAME OF HUSBAND OR WIFE <b>Edward Osiek</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edward Osiek, New Haven, Mo.</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of stomach</b>  ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b>	
19a. DATE OF OPERATION <b>12-31-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of stomach with metastases to liver.</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>46</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>131X</b>		22. I hereby certify that I attended the deceased from <b>12-21-49</b> , 19____, to <b>1-2-50</b> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>5:30a</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>[Signature]</b> (Degree or title) _____		23b. ADDRESS <b>607 N. Grand, St. Louis 3, Mo.</b>		23c. DATE SIGNED <b>1-3-50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>			
24b. DATE <b>1-3-50</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>New Haven, Mo.</b>		DATE REC'D BY LOCAL REG. <b>JAN 3 1950</b>			
REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>							

**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~~ Me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Eleonore Penelias

Licensed Embalmer No. 4283

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.