

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10489

FILED MAR 29 1951

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State File No. 2544

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|---|-------------------------------|---|---|---|--|---|--|
| 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 <u>Mo.</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> | | 2179 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1602 S. Compton av.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>17 1602 S. Compton Av</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARION</u> b. (Middle) <u>GROVER</u> c. (Last) <u>OSBORN.</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH-16-51.</u> | | | | |
| 5. SEX <u>M.</u> | 6. COLOR OR RACE <u>W.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED, 1</u> | 8. DATE OF BIRTH <u>DEC. 5-1885</u> | 9. AGE (In years last birthday) <u>65 YRS</u> | 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) <u>DRILL PRESSER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>WILLIAM OSBORN</u> | | 13b. MOTHER'S MAIDEN NAME <u>EMMA UNKNOWN</u> | | 14. NAME OF HUSBAND OR WIFE <u>JESSIE OSBORN.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Jessie Osborn 1602 S. Compton av</u> | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of heart</u> ANTECEDENT CAUSES <u>accidentally self-inflicted</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>while cleaning gun at his home at 1602 S. Compton</u> DUE TO <u>over fire Mar 16 1951.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>at about 930 am</u> | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>accident</u> | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21a. ACCIDENT (Specify) <u>accident</u> HOMICIDE | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etc.) <u>at home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Louis Mo</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Mar 16 51 9 30</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>at about 930 am</u> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>930A</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Joseph M. ...</u> | | | | 23b. ADDRESS <u>1300 Clark</u> | | 23c. DATE SIGNED <u>3/17/51</u> | |
| 24a. BURIAL CREMATION (Specify) <u>BURIAL</u> | | 24b. DATE <u>MARCH 20 51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK Cem. ST. LOUIS</u> | | 24d. LOCATION (City, town, or county) (State) <u>MO</u> | | |
| DATE REC'D BY LOCAL <u>MAR 19 1951</u> | | REGISTRAR'S SIGNATURE <u>J B ...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schurck</u> | | | |
| | | | | ADDRESS <u>3125 Lafayette</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten mark

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Handwritten signature: Joseph Hall Miller

Signed
Student Embalmer

Licensed Embalmer No. *21814*

P. O. Address *3125 Lafayette*

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.