No. 300
10-48

FILED JUL 26 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 25045

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6494

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5721 Goethe Ave

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 5721 Goethe Ave 2029

**3. NAME OF DECEASED** (Type or Print)
a. (First): William
b. (Middle): F.
c. (Last): Osterholtz

**4. DATE OF DEATH** (Month): July (Day): 14 (Year): 1954

**5. SEX**: male
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): married
**8. DATE OF BIRTH**: Apr. 24, 1887
**9. AGE** (In years last birthday): 67 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Veternarian
**10b. KIND OF BUSINESS OR INDUSTRY**: City of St. Louis
**11. BIRTHPLACE** (City and State or Foreign Country): St. Louis, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: John F. Osterholtz
**13b. MOTHER'S MAIDEN NAME**: Anna Luehrs
**14. NAME OF HUSBAND OR WIFE**: Johanna Junge Osterholtz
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service): no
**16. SOCIAL SECURITY NO.**: 489-38-8106
**17. INFORMANT'S SIGNATURE OR NAME**: Miss Norma Osterholtz
ADDRESS: 5721 Goethe Ave.

**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) Heat Prostration — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death* Diabetic

Dr. Joyce Dupuy Coroner 7/16/54

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

ccd E9310

22. *I hereby certify that I attended the deceased from* Dead when I saw him, 19__, *to* same time, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6:15 P *m., from the causes and on the date stated above.* 22

**23a. SIGNATURE** J. E. Smith MD (Degree or title)
**23b. ADDRESS** 2508 S. Kingshighway
**23c. DATE SIGNED**

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: July 17, 1954
**24c. NAME OF CEMETERY OR CREMATORY**: New Picker Cemetery
**24d. LOCATION** (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG. JUL 16 1954
REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** Beiderwieden F.H.Inc.,
ADDRESS 1936 St.Louis Ave.
E.O. (Licensed Embalmer's Statement on Reverse Side)

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

2500 So. Kingshighway
1 P. M. Thurs.
& 3:

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No. None

working under my personal supervision..

Student ..... None ..... Signature of Student Embalmer

Signed Felix J. Krispin

Licensed Embalmer No. 34

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.