

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2934**  
Registrar's No. **0146**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. LENGTH OF STAY (in this place) <b>2 weeks</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DEACONESS HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>18 So. Kingshighway Blvd.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b> b. (Middle) <b>W</b> c. (Last) <b>OSTERMEIER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 6, 1955</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug 19, 1894.</b>
9. AGE (In years last birthday) <b>60.</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pres: Sport Speciality</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Makers, Inc.,</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William F. Ostermeier.</b>		13b. MOTHER'S MAIDEN NAME <b>Carrie <del>Oster</del> Meier</b>	
14. NAME OF HUSBAND OR WIFE <b>Elsie V. R. Ostermeier.</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.	
16. SOCIAL SECURITY NO. no.		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs H. W. Ostermeier.</b>	
18. ADDRESS <b>18 S. Kingshighway.</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  1. <i>Does not mean mode of dying, such as suffocation, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Agrenulocytosis</b>		<b>4 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Splenomegaly + liver disease</b> DUE TO (c) <b>Chronic rheumatoid arthritis</b>		<b>4 yrs</b> <b>35 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, to Jan 5, 1955, that I last saw the deceased alive on Jan 6, 1955, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Arthur Wright Neilson MD</i>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>706 Humboldt Bldg.</b>	23c. DATE SIGNED <b>1/6/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>	24b. DATE <b>1/8;55.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Dak Grove Mausoleum.</b>	24d. LOCATION (City, town, or county) (State) <b>#7800 St. Charles Rock Road.</b>
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DATE REC'D BY LOCAL REG. <b>JAN 6 1955</b>	REGISTRAR'S SIGNATURE <i>J. Carl Smith MD</i>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons</b>	ADDRESS <b>7233 Delmar Blvd.,</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Clarence A. Murrain*

Licensed Embalmer No. *4011*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.