

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 13 1958

State File No. **46178**

318

Registrar's No. **12570**

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 25 Yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 31 St. Louis State Hospital		e. STREET ADDRESS (If rural, give location) 21370 5100 Arsenal St.	

3. NAME OF DECEASED (Type or Print) a. (First) Hugh b. (Middle) _____ c. (Last) Osborne			4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1957		
5. SEX Male		6. COLOR OR RACE Negroid		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3 Divorced	
8. DATE OF BIRTH Aug. 30, 1900			9. AGE (In years last birthday) 57		10. IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Worked in garage			10b. KIND OF BUSINESS OR INDUSTRY ?		11. BIRTHPLACE (City and State or Foreign Country) Gerard, Alabama
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Burrel Osborne		
13b. MOTHER'S MAIDEN NAME Louise Mabery			14. NAME OF HUSBAND OR WIFE Unknown		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise Martin-8111 Elinore, St. Louis	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 10 min	
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerotic heart disease		5 yrs	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Generalized arteriosclerosis		5 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Schizophrenia			

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) 420.0	

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? _____	
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22. I hereby certify that I attended the deceased from Aug. 7, 1933, to Dec. 26, 1957, that I last saw the deceased alive on Dec. 26, 1957, and that death occurred at 5:45p m., from the causes and on the date stated above.

23a. SIGNATURE <i>John H. E. ...</i> (Degree or title) MD		23b. ADDRESS 5100 Arsenal Street		23c. DATE SIGNED 12-26-57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/30/57		24c. NAME OF CEMETERY OR CREMATORY Father Dickson's Cem. Crestwood, Mo.	

DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <i>J. Earl Smith m d</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Guley Undertakers-3759 Finney Ave.	
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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 Not embalmed, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Riley - Riley Undertaker
Licensed Embalmer No:.....

P. O. Address 375 1/2 Franklin

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.