URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED MAY 16 1960

60-017827

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 924

MENDED

1. PLACE OF DEATH
a. COUNTY: Saint Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Normandy
Length of stay in 1b: 16 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Normandy Osteopathic
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Overland ~~Saint Louis~~
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 1827 Morven
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Marcella; Middle; Last Wosmansky
4. DATE OF DEATH: Month Mar. Day 17, Year 1960
5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-20-1944
9. AGE (last birthday): 15
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HR: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Saint Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Victor Wosmansky
13b. MOTHER'S MAIDEN NAME: Josephine
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Medical Record
Address:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Diagnosis deferred for autopsy report.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 11-59, to Mar. 17, 1960 and last saw her alive on Mar. 17, 1960
Death occurred at 7:05 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Fred G. Coutz, D.O. (Degree or title)
22b. ADDRESS: 9553 Lackland Rd.
22c. DATE SIGNED: 3-17-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 3-19-60
23c. NAME OF CEMETERY OR CREMATORY: SACRED HEART CEM
23d. LOCATION (City, town, or county) (State): FLORISSANT MO

24. FUNERAL DIRECTOR: Ostermann Funeral Home
ADDRESS: 9222 Lackland
25. DATE RECD. BY LOCAL REG.: 3-19-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS MAY 17 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Al C Ostmann

Signature of Student Embalmer

Licensed Embalmer No. 3478

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.