MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22045

1. PLACE OF DEATH

County.................... Registration District No. 791 File No. ....

Township.................... Primary Registration District No. 1003 Registered No. 6212

City St Louis (No. 451 S. Garrison St. .... Ward)

2. FULL NAME Cassie Otias Ozeas

(a) Residence. No. 451 S Garrison St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colo

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Otias Ozeas

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 3 1892

7. AGE: Years 36, Months 3, Days 5. If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Domestic 131
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

PARENTS

10. NAME OF FATHER: Henry Watkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

12. MAIDEN NAME OF MOTHER: Minnie Kitchel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn

14. INFORMANT: John Otias
(Address): 4451 S Garrison

15. FILED 6/9 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6/8 1928

17. I HEREBY CERTIFY, That I attended deceased from 6/1 1928, to 6/8 1928, that I last saw her alive on 6/8 1928, and that death occurred, on the date stated above, at 12:15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Interstitial Nephritis Chronic
(duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Multinodular Fibroid Tumor of the Uterus non Malignant
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? ....

(Signed) D T E Payne, M. D

6/9, 1928 (Address) 3136 Chouteau

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Washington Park

DATE OF BURIAL: June 10th 1928

20. UNDERTAKER: A L Beal

ADDRESS: 2726 Lucas

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Corr by aff 7/10/1956

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 22045

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 6212

On this ..... day of ....., 195....., before me appears .....

....., who, upon ~~oath~~ oath, states that the original record of birth / death for Cassie Ozias ~~died~~ born 6-7-1928, 19....., in the State of Missouri, and which was filed at Jefferson City, Missouri on ....., 19....., should be corrected as follows:

Item No. 2 should read Cassie Ozias

Instead of " Opias

Item No. 14 should read John Ozias

Instead of " Opias

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL) Affiant John Ozias sig

416. Linden Kinloch Mo.

Present Address.

Subscribed and sworn to before me this 5 day of June 1956

My Commission expires 3-4-57 Ella C. Paddock Notary Public.

B C

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

m. V. S. 460

S-22045