

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

Do not use this space.

19924

File No. 5549

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 751

Township \_\_\_\_\_ Primary Registration District No. 1003

City St. Louis (No. City of St. Louis)

**2. FULL NAME**

(a) Residence. No. 4435 Purse 10 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 1/2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (with the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

17. I HEREBY CERTIFY That I attended deceased from May 7 1929, to May 18 1929 that I last saw him alive on May 18 1929 and that death occurred, on the date stated above, at 3:40 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25 1856

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic myocarditis  
old cerebral hemorrhage  
due to arterio-sclerosis

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 8 23

(duration) yrs. 93 mos. ds.

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

CONTRIBUTORY (SECONDARY) Senility (duration) yrs. 8 1/2 mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF BIRTH \_\_\_\_\_

10. NAME OF FATHER Augustine Ostrander

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis Hospital

12. MAIDEN NAME OF MOTHER Rachel M. Carson

20. UNDERTAKER Math. Hermann & Son

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

DATE OF BURIAL May 21 1929

14. INFORMANT (Address) City Hospital

\*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.

15. FILED May 20 1929 Wm. C. Sturkey REGISTRAR

ADDRESS 2166 Paul

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.

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

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