

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

Do not use this space.

10676

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St Louis Mo**

(No. **Lutheran Hospital** this **St Louis Mo** Ward)

File No.

Registered No. **2686**

2. FULL NAME

(a) Residence No. **314 N. Hesperia**

St. **Collinsville Ill**

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. mos. **1** ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Widowed

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

Louisa Ostermeier (deceased)

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

Jan 18 1870

7. AGE

YEARS **60**

MONTHS **1**

DAYS **25**

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Retired Farmer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Pleasant Ridge Ill U.S.A.

10. NAME OF FATHER

Herman Ostermeier

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Louise Felthorster

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

14. INFORMANT

(Address)

Herbert Ostermeier Collinsville Ill

15. FILED

19 **APR 17 1930**

Max C. Stanley

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

March 15 1930

17.

I HEREBY CERTIFY, That I attended deceased from **March 15 1930**, to **March 15 1930** that I last saw him alive on **March 15 1930**, and that death occurred, on the date stated above, at **11 p.m.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Neurplogia (apoplexy)
Chronic Valvular Heart Dam

CONTRIBUTORY (SECONDARY)

(duration) **7** yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH

Collinsville Ill

DID AN OPERATION PRECEDE DEATH? **no** DATE OF

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **William Winter** M. D.

March 15 1930 (Address) **3375 S. Grand Ave**

*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

DATE OF BURIAL

Pleasant Ridge, Madison County Ill

March 19 1930

20. UNDERTAKER

ADDRESS

Schroeffel and Co. Inc.

Collinsville Ill

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

