

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

Do not use this space.

27107

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **1013**
 City **St. Louis** (No. **Westminster Hospital**)
 Registered No. **8316** St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **3550 Florissant Ave., Jennings, Mo.**
 (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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. (IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie O. Ostwald (Strubel))		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1865		
7. AGE	YEARS 66	MONTHS 5
	DAYS 17	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Planing Mill	
	10. Date deceased last worked at this occupation (month and year) ✓	11. Total time (years) spent in this occupation —

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	13. NAME Henry Ostwald
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
	15. MAIDEN NAME Not known
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT Mrs. Minnie O. Ostwald (ADDRESS) 3550 Florissant Ave., Jennings, Mo.	
18. BURIAL, CREMATION, OR REMOVAL PLACE Friend's Cemetery DATE Aug. 1, 1931	
19. UNDERTAKER Walt Germany and Son (ADDRESS) 216 East Fair Ave.	
20. FILED 11 31 1931 Wm. C. Starkey Registrar	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 29, 1931**

22. I HEREBY CERTIFY, that I attended deceased from **June 1, 1931**, to **July 29, 1931**.
 I last saw him alive on **July 28, 1931**. Death is said to have occurred on the date stated above, at **5:18 a.m.**
 The principal cause of death and related causes of importance were as follows:
Concussion of Bladder Prostate Date of onset **5/10**
Primary seat unknown
 Other contributory causes of importance:
5/10 Resectostomy Date of **June 4, 1931**
 Name of operation **Loe** Was there an autopsy? **no**
 What test confirmed diagnosis? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **no** Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) **Wm. G. Thuy, M.D.** M. D.
 (Address) **8612 Hall's Ferry**

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.

