

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

Do not use this space.

30892

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **340**), **N. Newstead** St. .... Ward)

File No. ....  
 Registered No. **8607**  
 St. .... Ward)

**2. FULL NAME**

**Annie A. Osan**  
 (a) Residence, No. **340 N. Newstead** St., **19** Ward.  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>widowed</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>John H. Osan</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>about 1855</b>		
7. AGE YEARS <b>abt. 77</b>	MONTHS <b>unknown</b>	DAYS <b></b>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <b>at home</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....	
	10. Date deceased last worked at this occupation (month and year) .....	11. Total time (years) spent in this occupation .....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis 1</b>		
FATHER	13. NAME <b>Anthony 4<sup>th</sup> of</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland 15</b>	
MOTHER	15. MAIDEN NAME <b>Elizabeth Mulholland</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>	
17. INFORMANT (ADDRESS) <b>Frances 4<sup>th</sup> of 340 N. Newstead</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary Cemetery</b> DATE <b>Sept. 27 32</b>		
19. UNDERTAKER (ADDRESS) <b>Arthur J. Donnelly had 2037 Wash St</b>		
20. FILED <b>SEP 26 1932</b> <b>Max C. Harker</b> Registrar		

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 25 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 18 1928** to **Sept 25 1932**  
 I last saw him alive on **Sept 24**, 19**32** Death is said to have occurred on the date stated above, at **12 noon** m.  
 The principal cause of death and related causes of importance were as follows:

**Myocardial Infarction**  
**Arterio-Sclerosis**  
**93D**  
 Other contributory causes of importance: **73**  
**162 Senility 9310**  
 Date of onset

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? ..... 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) **Edward J. ...** M. D.  
 (Address) **Carleton Bldg.**

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.

Carleton Bldg