

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.

MAY 25 1934

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

Do not use this space.

14494

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
 Township \_\_\_\_\_ Primary Registration District No. **1003**  
 City A. Legio (No. 5210, So. Kingshighway) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 3674  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Elizabeth Ostendorf  
 (a) Residence, No. 5210, So. Kingshighway St., 15 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late John Ostendorf</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 7, 1859</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>9</u>
	DAYS <u>4</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>St. Louis, Mo.</u>		
MOTHER	13. NAME <u>Unknown Boestermeier</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mr. A. Caller</u> (ADDRESS) <u>3273 Holly Hills</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>4-13</u> 19 <u>34</u>		
19. UNDERTAKER <u>Wichshamer Mortuary</u> (ADDRESS) <u>4228 Kingshighway</u>		
20. FILED? <u>12</u> 19 <u>34</u> <u>J. Berbeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1934 to April 11, 1934  
 I last saw her alive on April 6, 1934 Death is said to have occurred on the date stated above, at 3 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis?  
Arteriosclerosis?  
 Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) H. Schmiemeier, M. D.  
 (Address) 8119 Gavois Ave  
(Schmiemeier)

FORM-11-2-34

