

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

FORM 1 X-314

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.

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

Do not use this space.

MAY 7 1937

14889
4485

1. PLACE OF DEATH

County
Township
City (No. *En Route City Hospital #1*)

Registration District No.
Primary Registration District No.

791
1003

File No.
Registered No.
St. Ward)

2. FULL NAME

Harry Osterman

(a) Residence, No. *New Grand Central Hotel 25* rd. (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 *male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 yrs

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Merchant*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Unknown*
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) *Unknown MO*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown Unknown*

17. INFORMANT *City Hospital #1*
(ADDRESS) *no heart*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Washington* DATE *4-23-37*

19. UNDERTAKER (ADDRESS) *Genotomical Board W. Richter - 2500 Rutger St*

20. F. B. P. *J. F. Bredek*
APR 30 1937 Registrar.

No Physician in attendance
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4/7 1937*

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at *7:10* a.m.

The principal cause of death and related causes of importance were as follows:
Illuminating Gas Poisoning inhaled through a piece of hose attached to a two burner gas plate at 215 So Broadway on April 5th 1937 about 7:00 A.M. Suicide

Other contributory causes of importance:
215 So Broadway on April 5th 1937 about 7:00 A.M. Suicide

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? *suicide* Date of injury *4/5 1937*

Where did injury occur? *St. Louis MO*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. *Industry*

Manner of injury
Nature of injury *See above*

24. Was disease or injury in any way related to occupation of deceased? *No*
If so, specify

(Signed) *Joseph M. Zimm*
(Address) *Deputy coronor*

