

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County.....

Registration District No.....

791

File No. **18180**

Township.....

Primary Registration District No.....

1003

Registered No. **4756**

City **ST LOUIS**

(No. **ST. JOHN'S HOSP.**)

St. Ward)

2. FULL NAME CHAS. C. OSBORNE

(a) Residence, No. 4743rd EASTON AVE. St. 6 Ward. 1

(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) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 15th 1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>70</u>	<u>7</u>	<u>8</u>	<u>24</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MAINTENANCE MAN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired

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) VERMONT.

13. NAME CHAS OSBORNE

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Verm.

15. MAIDEN NAME ELLEN PATCH

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Verm.

17. INFORMANT MRS NELLIE DOWLING. (ADDRESS) 5125th GREER ST LOUIS, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST PETERS DATE 5-12 1937

19. UNDERTAKER SULLIVAN UNDERTAKERS (ADDRESS) 2849 N. EUCLID AVE.

20. FILER W. Bredeck Registrar.

MAY 10 1937

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 - 1937.

22. I HEREBY CERTIFY, That I attended deceased from March 15 1937, to May 9 - 1937

I last saw him alive on May 8 1937. Death is said to have occurred on the date stated above, at 9:00 m.

The principal cause of death and related causes of importance were as follows:

Uremia due to hypertrophy Date of onset Apr 27

Other contributory causes of importance:
Prostate hypertrophy
Perforated bladder
Automobile accident

Name of operation Resection Prostate Date of op. Apr 25-37
What test confirmed diagnosis? Blood Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 2 months ago
Where did injury occur? about 2 months ago St. Louis
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by automobile
Nature of injury Fracture arm

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify: Choromiller M. D.
(Address) 835 Mission Bldg

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.

OCCUPATION
FATHER
MOTHER

Mo Ithaca Bldg.

1150 + 150

JE4980.

12⁰⁰