

REC'D NOV 16 1938

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

791
100334058
Do not use this space.

Registered No. 9044

1. PLACE OF DEATH

- (a) County..... Registration District No. 1
(b) Township..... Primary Registration District No. 1
(c) City St. Louis, Missouri (d) Street No. 47 City Sanitarium St.
(e) Length of residence in city or town where death occurred yrs. 1 mo. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Oesterlel.

- (a) Residence, No. 3855 So. Main St St. 24
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 11 12

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
10. Date deceased last worked at this occupation (month and year) 1916 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis,
(STATE OR COUNTRY) Missouri

- FATHER 13. NAME Unknown

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

- MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT W. Gonsloser, M.D.
(ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old St. Marcus Cem. DATE October 17, 1938

19. FUNERAL DIRECTOR (NAME) Zeegenhein Bros
(ADDRESS) 2623 Cherokee Street.

20. FILED OCT 17 1938 J. T. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-14-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19, to 10-14-38, 19.
I last saw him alive on 10-14-38, 19. Death is said to have occurred on the date stated above, at 2:10 P.M.

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

Carcinoma of Antrum 7-1-38
with Metastasis to brain

Other contributory causes of importance:

Broncho-pneumonia 10-5-38

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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) W. Gonsloser, M. D.
(Address) 5400 Arsenal St.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *V. E. Morris*

Licensed Embalmer No. **3360**.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.