

1939 JAN 11 1939

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

41140  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis, Mo.** (d) Street No. **2111 East John Ave.** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **2111 East John Ave.** St. **9**  
 (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mr. George Osthoff,**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 24th 1857**  
 7. AGE YEARS MONTHS DAYS IF LESS than day, hrs. or min.  
**81 3 21**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housewife**  
 9. Industry or business in which work was done, as 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) **Germany**

FATHER 13. NAME **Not known**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

MOTHER 15. MAIDEN NAME **Not known**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

17. INFORMANT (ADDRESS) **Mr. George Osthoff, 2111 East John Ave.,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Johns Cem** DATE **Dec. 19th, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Henry Leidner Und., 1417 N. Market Street.**

20. FILED **DEC 16 1938** **J. B. Bueck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/15, 1938**  
 22. I HEREBY CERTIFY, That I attended deceased from **11/15, 1938** to **12/15, 1938**  
 I last saw her alive on **12/15, 1938**. Death is said to have occurred on the date stated above, at **3:10 P.M.**  
 The principal cause of death and related causes of importance were as follows:

**Chronic myocarditis** Date of onset **11/10 '38**  
**Cancer Colon** **6/38**  
**Hepatic fibrosis**

Other contributory causes of importance:

Name of operation ..... Date of .....  
 What test confirmed diagnosis? **none** 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? **no**  
 (Signed) **Th. Moush**, M. D.  
 (Address) **607 N. Grand**

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.

WHILE PRINTED, WITH WRAPPING MARKS—THIS IS A PERMANENT RECORD

I X 16003

Dr. M...  
= M.

**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 John P. Buchholz  
Licensed Embalmer No. 1674  
P. O. Address 2223 St. Louis

**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.**