

6-1939

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

23314
Do not use this space.

1. PLACE OF DEATH **RES'D JUL 6 1939**

(a) County Saint Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200
 (c) City Jefferson Barracks (d) Street No. Veterans Facility St.
 (e) Length of residence in city or town where death occurred Unkn. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John J. Osterhout

(a) Residence, No. 1020 Registered No. 1020
 (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1875

7. AGE YEARS 63 MONTHS 7 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Physician
 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) Waterbleit New York

FATHER 13. NAME Jacob Osterhout
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME ----- Sennett
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) W. H. Sennett, Clinical Clerk, VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE June 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. Hoffmeister U.S.A. Co. 7814 S. Broadway

20. FILED JUN 6 - 1939 W. H. Sennett (Address) VAF., Jefferson Barracks, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 15, 1939, to June 4, 1939. I last saw him alive on June 4, 1939. Death is said to have occurred on the date stated above, at 1:55A.m. The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis

Other contributory causes of importance:
Arteriosclerosis, generalized.
Myocarditis, chronic
Atheroma of aorta
(continued on other side)

Name of operation None Date of operation -
 What test confirmed diagnosis? Phy. clinical manif. and autopsy find. 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) C. W. HUGHES, Chief Med. Off., M. D.
 (Address) VAF., Jefferson Barracks, Mo.

Date of onset	<u>Unkn.</u>
	<u>"</u>
	<u>"</u>

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.

144 2'

Contributory causes of death continued:

Cholecystitis with Cholelithiasis
Tumor, left kidney, papilloma
Fracture of right hip, impacted ✓

Duration

Unkn.

"

5-23-39

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.....

Licensed Embalmer No.....

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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23314
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 754
 (b) Township _____ Primary Registration District No. 700 Registered No. 1020
 (c) City _____ (d) Street No. Vets. Adm. Bldg. _____ 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 John J. Osterhout
 (a) Residence, No. Belleview m.p. St.
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M.

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

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

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>63</u>	<u>7</u>	<u>1</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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) _____

FATHER
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____
 18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19
 19. FUNERAL DIRECTOR (ADDRESS) _____
 20. FILED _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1939

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis
Myocarditis
Atherosclerosis of aorta
Arteriosclerosis
Fracture of hip Date of onset 10/12/38

Other contributory causes of importance:
Fracture of hip 5-27-39

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? Accident Date of injury 5-20, 1939
 Where did injury occur? Vets. Adm. Bldg. Jefferson Bks. Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Hospital
 Manner of injury Fall
 Nature of injury Fracture, right hip

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify C. G. Hughes, M. D.
 (Signed) _____ (Address) Jefferson Bks. Mo.

SUPPLEMENTARY

Local Registrar

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

