DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40586

Registration District No. 791 | Primary Registration District No. 1003

Registrar's No. 10357

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 4820 OLDENBURG, AV. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 30 years.

3. (a) PRINT FULL NAME John Ostrich

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Jrka OSTRICH

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased AUGUST (Month) 15 (Day) 1874 (Year)

8. AGE: Years 66 Months 4 Days — If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER 12. Name JOSEPH OSTRICH

13. Birthplace YUGO SLAVIA (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name EVKA UNKI

15. Birthplace YUGO SLAVIA (City, town, or county) (State or foreign country)

16. (a) Informant Jrka Ostrich

(b) Address 4820 Oldenburg av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 19 1940 (Month) (Day) (Year)

(c) Place: burial or cremation OLD SS PETER & PAUL CEM.

18. (a) Signature of funeral director E. J. Schmurr

(b) Address 3125 Lafayette av

19. (a) DEC 17 1940 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 15. year 1940 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from December 7. 1940, to December 15. 1940 that I last saw him alive on December 15. 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis, Cardiac hypertrophy

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. M. Karl (M. D. or other)

Address 1515 Lafayette Ave. Date signed 12/16/40

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Wollman

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave.

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.