

No. 2
-1-4-41
5-17-39
P1 X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13016
3446
Registrar's No.

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute City Hospital #10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17 21**
(If outside city or town limits, write "RURAL")
(d) Street No. **2228 Olive St.**
(If rural, give location)
(e) Citizen of foreign country? **No attending Physician** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Hugh W. Osborn**
3. (b) If veteran, name war **Unknown**
3. (c) Social Security No. **495-16-9131**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **20**
year **1941** hour **5 35** minute **P.M.**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Katherine**
6. (c) Age of husband or wife if alive **48** years
7. Birth date of deceased **Nov. 28 1878**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 4 24 hr. min.

Immediate cause of death.....
Chronic Myocarditis
Chronic Interstitial Nephritis
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death) **131b**

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

10. Usual occupation **Hotel Manager**

11. Industry or business.....

MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **Ella Cooper**
15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs. Katherine Osborn**
(b) Address **2228 Olive St.**

17. (a) **Cremation** (b) Date thereof **4/22/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Valhalla Crematory**

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?

18. (a) Signature of funeral director **Albert H. Hoppe**
(b) Address **4700 Washington Ave.**

19. (a) **APR 22 1941** (b) **J. H. Bredek**
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury **3**
23. Signature **Alfred J. Perry** (M. D. or other)
Address **.....** Date signed **4/21/41**

(Licensed Embalmer's Statement on Reverse Side)

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

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, fact should be so stated above.