

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

900

1. PLACE OF DEATH:  
(a) County: Perry  
(b) City or town: Frohna, Mo. ~~Prigiana, Tenn.~~  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.  
In this community: years, months or days

3. (a) PRINT FULL NAME: Otto Frederick Oswald  
(b) If veteran, name war:  
(c) Social Security No.: None

4. Sex: Male  
5. Color or Grace: White  
6. (a) Single, widowed, married, divorced: Married  
(b) Name of husband or wife: Anna Oswald  
(c) Age of husband or wife if alive: 65 years  
7. Birth date of deceased: June 26 1865 (Month) (Day) (Year)

8. AGE: 76 Years Months 1 Days 5 If less than one day hr. min.

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

10. Usual occupation: Carpenter

11. Industry or business:

MOTHER FATHER { 12. Name: Christian Oswald  
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)  
14. Maiden name: Margarete Droege  
15. Birthplace: ILL. (City, town, or county) (State or foreign country)

16. (a) Informant: Anna Oswald

(b) Address: Frohna Mo.

17. (a) Burial (b) Date thereof: 8-4-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Frohna, Mo.

18. (a) Signature of funeral director: Young & Sons  
(b) Address: Perryville Mo.

19. (a) 8-2-1941 (b) H. E. Schmidt (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State: Missouri (b) County: Perry  
(c) City or town: Frohna, Mo.  
(d) Street No.:  
(e) If foreign born, how long in U. S. A.: 0 years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month: Aug. day: 1 year: 1941 hour: 2 minute: 45 P.A.M.

21. I hereby certify that I attended the deceased from July 4<sup>th</sup>, 1941, to Aug. 1<sup>st</sup>, 1941, that I last saw him alive on July 29<sup>th</sup>, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage  
Due to: Arteriosclerosis

Due to: Chronic Nephritis  
Other conditions: 10/1  
(Include pregnancy within 3 months of death)

Major findings: Of operations:  
Of autopsy:  
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?

While at work? (Specify type of place) (e) Years of injury:  
23. Signature: Theodore Lecher (M. D. or other)  
Address: H. E. Schmidt  
Date signed: 8-2-41

AUG 25 1941

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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 *Wallace Young*.....

Licensed Embalmer No. *4027*.....

P. O. Address *Perryville, Mo.*.....

**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.