

S. No. 2
1-1-4-41
5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2504880
State File No. 26147
Registrar's No. 1439

Registration District No. 784

Primary Registration District No. 109

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County OC
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4660 Pope Avenue
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ANNA M. OSTENRIEDER
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 7
year 1941 hour 10 minute 0 PM M.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife Matthias Osterrieder
(c) Age of husband or wife if alive Deceased years
7. Birth date of deceased August 14, 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-3-38 to 7-7-41
that I last saw her alive on 7-1-41 and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis

8. AGE: Years 76 Months 10 Days 23
If less than one day hr. min.

Due to Myocarditis

9. Birthplace At Home
(City, town, or county)
4 Germany
(State or foreign country)

Due to Senility 93d

10. Usual occupation At Home
11. Industry or business
12. Name Jacob Meier
13. Birthplace Germany
(City, town, or county)
14. Maiden name Not Known
(City, town, or county)
15. Birthplace Germany
(City, town, or county)
(State or foreign country)

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

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

16. (a) Informant Leo C. Osterrieder
(b) Address 4660 Pope Avenue
17. (a) Burial (b) Date thereof 7/10 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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 Math. Hermann & Son
(b) Address 2161 East Fair Avenue
19. (a) JUL 9 1941 (b) L.R. Meyer, M.D. Registrar's signature
(Date received local health officer) (City, town, or county)

While at work? (Specify type of place) (e) Means of injury
23. Signature J.E. Morrison M.D. or other
Address 4205 N. Flannery St. Date signed 7-8-41

(Licensed Embalmer's Statement on Reverse Side)

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

76
533

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..... *Ronald J. Smith*
Licensed Embalmer No. *2967*
P. O. Address *A. Davis, Inc.*

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.