

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26964
6756
Registrar's No.

FILED SEP 17 1941

791

1003

Registration District No. _____

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

(d) Length of stay: In hospital or institution 4 da
(Specify whether years, months or days)

In this community 2 yrs 0
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town 2371 S Milton
(If outside city or town limits, write "RURAL")

(d) Street No. Overland
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose Lee O'Brien

3. (b) If veteran, name was _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1941 hour _____ minute 12:17 AM.

21. I hereby certify that I attended the deceased from _____ to _____, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife: Daniel E O'Brien 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased: Oct 23 1893
(Month) (Day) (Year)

Duration _____

Due to Uremia - Poly cystic Disease of Kidneys

Due to no stones

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

8. AGE: Years Months Days If less than one day

47 9 24 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Own home

12. Name Lee Blattau

13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

14. Maiden name Not Known

15. Birthplace Not Known
(City, town, or county) (State or foreign country)

16. (a) Informant Daniel E O'Brien

(b) Address Overland Mo

17. (a) Burial (b) Date thereof 8/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Lackerland Overland Mo

19. (a) AUG 19 1941 (b) J. J. Budek
(Date received local registrar) (Registrar's signature)

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 D. J. Freedman (M. D. or other) _____
Address 3115 S. Grand Date signed 8/18/41

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

no
17
9

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.....

A. C. Ostmann

Licensed Embalmer No.

3478

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.