

No. 2  
1-4-41  
-17-35  
X28350

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

FILED SEP 17 1941  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

27218

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7010

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:  
5402 Ruskin Ave.  
(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 717  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5402 Ruskin  
(If rural, give location)  
(e) Citizen of foreign country? XXX d (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mamie Osterhorn

3. (b) If veteran, name war: --- 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased October 24 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 10 5 hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Sargent

13. Birthplace Not Known  
(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 Lester Osterhorn

(b) Address 5402 Ruskin Ave.

17. (a) Burial (b) Date thereof Sept 3, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director A. Mon L. U. Co.

(b) Address 2707 N Grand Blvd

19. (a) Aug 30 1941 (b) J. H. Pridock  
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29  
year 1941 hour 1 minute 45 PM.

21. I hereby certify that I attended the deceased from Sept 12 1940 to Aug 29 1941  
that I last saw her alive on Aug 29 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Coma Duration 1 da.

Due to Diabetic 141.

Due to of arterial sclerosis 141.  
longu.

Other conditions. (Include pregnancy within 3 months of death) U

Major findings: Of operations ✓

Of autopsy ✓ 511

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) No

(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) Means of injury ✓

23. Signature J. D. Packer (M. D. or other)

Address 2525 N. 9th Date signed 9/20/41

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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.

Signature Paul F. Knobelberg

Licensed Embalmer No. 2631

P. O. Address 2707 N. Grand

**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.**