No. 2
-1-4-41
-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

39407

State File No. 0

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2557

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 12/11/41 (Specify whether

In this community since 12/11/41 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois. (b) County 11

(c) City or town Madison (If outside city or town limits, write "RURAL") 0

(d) Street No. 510 State Street (If rural, give location) 2

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Oser, John L.

3. (b) If veteran, name war World 1918

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 21 (Day) 1891 (Year)

8. AGE: Years 49 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Greencamp (City, town, or county) Ohio (State or foreign country) 1

10. Usual occupation Railroad Brakeman

11. Industry or business Big Four Railroad

FATHER
12. Name Theodore OSER
13. Birthplace Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name Hattie Mass
15. Birthplace Ohio (City, town, or county) (State or foreign country) 1

16. (a) Informant Gov. Records

(b) Address Clerical Clerk U.S.V.G.F.

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

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.S.V.G.

(b) Address 7814 S. Broadway

19. (a) DEC 16 1941 (Date received local registrar) (b) C. G. McGovran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14 year 1941 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec. 11, 1941, 19 to Dec. 14, 1941, 19; that I last saw him alive on Dec 14, 1941, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic Heart Disease cardiac enlargement, myocardial damage and myocardial insufficiency. Duration unknown

Due to

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations No operation done.

Of autopsy none performed.

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 0

23. Signature L. M. COCHRAN, M.D. (M.D. or other)

Address Chief Medical Officer. Date signed

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(Licensed Embalmer's Statement on Reverse Side)

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. Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.