

FILED FEB 24 1942

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
 (b) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. St. John's Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 weeks  
 In this community 20 years  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5365 St. Louis Ave.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country Nil.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22  
 year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 3 1942 to January 23 1942  
 that I last saw him alive on January 22 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
 Due to Angina pectoris  
 Duration 17 days  
2 1/2 years

Other conditions (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? \_\_\_\_\_

23. Signature J. M. Brown (M. D. or other) M.D.  
 Address 2867 1/2 Union Blvd Date signed 1/23/42  
 (Specify type of place) \_\_\_\_\_ (e) Means of injury D

3. (a) PRINT FULL NAME Sylvester Ossman  
 3. (b) If veteran. No name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male  
 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Helen F. Ossman  
 6. (c) Age of husband or wife if alive 48 years  
 7. Birth date of deceased Feb 18 1893  
 (Month) (Day) (Year)

8. AGE: Years 48 Months 11 Days 4  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New York N.Y.  
 (City, town, or county) (State or foreign country)  
Musican

10. Usual occupation Small Arms Plant

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

12. Name Sylvester L. Ossman  
 13. Birthplace Hyde Park New York  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Eunice Smith  
 15. Birthplace Hyde Park N.Y.  
 (City, town, or county) (State or foreign country)  
Helen F. Ossman

16. (a) Informant \_\_\_\_\_  
 (b) Address 5365 St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24, 1942  
 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Ray Miller  
 (b) Address 5041 Delmar Blvd

19. (a) JAN 29 1942 (Date received local registrar)  
 (b) J. F. Brudeck (Registrar's signature)

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

Miss. This with her name.

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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

*Harold F. Rowland*

Licensed Embalmer No. 3114

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.**