U. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16523

FILED JUN 2 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4469

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

000 17 9

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: Alexian Bros Hospital O
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96 15

(c) City or town Afton O NR
(If outside city or town limits, write "RURAL")

(d) Street No. 9745 Antionio Drive
(If rural, give location)

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

If yes, name country 1

3. (a) PRINT FULL NAME August L. Ossenfort

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male O

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Isabelle Daly Ossenfort

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Dec (Month) 24th (Day) 1879 (Year)

8. AGE: Years 62 Months 4 Days 26 If less than one day hr. min.

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

10. Usual occupation Lawyer

11. Industry or business

FATHER
12. Name Charles Ossenfort
13. Birthplace 9 Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Kincaid
15. Birthplace 9 Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Isabelle Ossenfort

(b) Address 3864 Greer Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/23/42 (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cem

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) MAY 22 1942 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th year 1942 hour 5 minute 30a M.

21. I hereby certify that I attended the deceased from 5/1, 1942 to 5/19, 1942 that I last saw him alive on 5/19, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the Rectum

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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)

(e) Means of injury

While at work? O

23. Signature (M. D. or other)

Address 439 Bates Date signed 5/22/42

(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.....

Licensed Embalmer No. 2265

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.