S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29060

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. ~~7922~~ 006 17 5 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:
6183 Mc Pherson, Ave., 0
(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

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 6183 Mc Pherson, Ave.,
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME George Osmond.

3. (b) If veteran, name war none

3. (c) Social Security No. unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 27th (Day) 1856 (Year)

8. AGE:

Years	Months	Days	If less than one day
86	1	25	hr. min.

9. Birthplace Philadelphia, (City, town, or county) Penn. (State or foreign country) 1

10. Usual occupation Retired manager

11. Industry or business Dunn & Bradstreet.

FATHER
12. Name William Osmond.
13. Birthplace (City, town, or county) England (State or foreign country) 4

MOTHER
14. Maiden name Josephine Povey.
15. Birthplace (City, town, or county) Virginia (State or foreign country) 1

16. (a) Informant Mrs. Hugo Monning.
(b) Address 6183 Mc Pherson, Ave.,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar, Blvd.

19. (a) SEP 23 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22nd year 1942 hour 6:15 minute P. M.

21. I hereby certify that I attended the deceased from August 15, 1942, to Sept 22, 1942, that I last saw him alive on September 22, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death aplastic anemia — Duration 3 mo

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 73

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature S B Grant (M. D. or other) MD
Address 114 N. Taylor Ave Date signed 9/23/42

(Licensed Embalmer's Statement on Reverse Side)

JAN 11 1943

AUG 24 1944

FILE NO. TAYLOR,
JE-8600
Hrs- 1 - 5 p.m.

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, M

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

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