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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. 31396

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2037

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 Adm. Sept. 8, 1942.
(Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2112 East Prairie Avenue 4
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME James H. Ostrander

3. (b) If veteran, name war World War - 1918 3. (c) Social Security No. none.

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mildred 6. (c) Age of ~~husband or~~ wife if alive 46 years

7. Birth date of deceased October (Month) 14, (Day) 1890 (Year)

8. AGE: Years 51 Months 11 Days 16 If less than one day hr. min.

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

10. Usual occupation Plumber's Helper.

11. Industry or business -

FATHER
12. Name James Ostrander
13. Birthplace Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ora Pruett
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 3. 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director [signature]
(b) Address 2117 E. Grand Blvd.

19. (a) OCT - 1 1942 (Date received local registrar) (b) E. G. McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30th, year 1942, hour 4:05 minute a. M.

21. I hereby certify that I attended the deceased from Sept. 8, 1942 to September 30, 1942 that I last saw him alive on September 30, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rheumatic heart disease, mitral valve damage, cardiac enlargement.	Unknown
Due to -	
Other Conditions: Arteriosclerosis, general.	Unknown
Other conditions - (Include pregnancy within 3 months of death)	

Major findings:
Of operations -
Of autopsy No autopsy.

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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 Means of injury

23. Signature L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer. Date signed 9/30/42

(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 Frank C. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. 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.