

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Missouri**
(c) Name of hospital or institution: **3004a Osage Street**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **--** (Specify whether)
In this community **Unknown**
years, months or days

3. (a) PRINT FULL NAME **Iola Osbar**
3. (b) If veteran, name war **--** **3. (c) Social Security No.** **None**

4. Sex **Female** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**
6. (b) Name of husband or wife **Carl Osbar** **6. (c) Age of husband or wife if alive** **56** years
7. Birth date of deceased **November 28 1890**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 10 27 hr. min.

9. Birthplace **Callaway County, Mo.** (City, town, or county) (State or foreign country)

10. Usual occupation **Home**

11. Industry or business **--**

MOTHER FATHER
12. Name **Benj. Jeffries**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Missouri Ann Madden**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Carl Osbar**
(b) Address **3004a Osage Street**

17. (a) **Burial** (b) Date thereof **10-28-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Marcus Cem.**

18. (a) Signature of funeral director **Wacker-Kelsh & Co.**
(b) Address **3634 Gravois Avenue**

19. (a) **OCT 27 1942** (Date received local registrar) **J. F. Bredeck** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis,** (If outside city or town limits, write "RURAL") **9/5**
(d) Street No. **3004a Osage Street** (If rural, give location)
(e) Citizen of foreign country? **--** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **25**
year **1942** hour **12** minute **45** P.M.

21. I hereby certify that I attended the deceased from **10-22-42**
....., 19....., to **10-25-42**, 1942;
that I last saw her alive on **10-25-42**, 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**
Duration _____
Due to _____
Due to _____
Other conditions **Arterites**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: **none**
Of operations: **none**
Of autopsy: **none**
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? (a) Means of injury _____

23. Signature **Joseph L. Ferris** (M. D. or other) _____
Address **1406 S. 50th** Date signed **10/26/42**

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..... *Robert Cochran*

Licensed Embalmer No..... *2178*

P. O. Address..... *St Louis, Mo*

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.