

FILED MAY 6 1943

Registration District No. 317

Primary Registration District No. 3065

1045

1. PLACE OF BIRTH:

(a) County St. Louis
(b) City or town Glendale
(c) Name of hospital or institution: 290 Parkland Ave.
(d) Length of stay: In hospital or institution..... (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Glendale
(d) Street No. 290 Parkland Ave.
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Durham E. Ossentort

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Nov. 20th 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 5 10 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business.....

MOTHER FATHER

12. Name Charley of Ossentort

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mattie Bell Henry

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charley A. Ossentort

(b) Address 290 Parkland Ave.

17. (a) Burial (b) Date thereof 5-3-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Wiegand

(b) Address 4228 So. Highways Blvd

19. (a) MAY 3 - 1943 (b) C. D. M. D. B. M. D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1943 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 12 to April 30, 1943

that I last saw him alive on April 30, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Distention of the Heart's Aorta Duration 2 days

Due to Hypoplastic Aorta since birth

Due to Distention of Aorta + Stricture of Pharynx

Other conditions (Include pregnancy within 3 months of death)

Major findings: 157 f Of operations.....

Of autopsy Distention of Heart Underline the cause to which death should be charged statistically.

Hypoplasia + Stricture of Aorta

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?

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

23. Signature A. C. Hoffmann (M. D. or other) 0 Address 16 N. Holly Date signed 5-1-43

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

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 *Edward A. Mc Nematt*

Licensed Embalmer No. *3024*

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.