

FILED JUN 1943 18

1003

Registrar's No. 4614

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town **Saint Louis Missouri.**
(c) Name of hospital or institution: **Firmin Desloge Hospital**
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County.....
(c) City or town..... **Saint Louis,**
(d) Street No. **5206 Quincy Street.**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Ostling, Rose**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Female** 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 **February 2nd, 1880.**
(Month) (Day) (Year)

8. AGE: 63 Years 3 Months 14 Days If less than one day
.....hr.min.

9. Birthplace **Saint Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

12. Name **? Ostling**

13. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Theresa Kraemer**

15. Birthplace **Unknown** **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. C. A. Brethman**

(b) Address **1605 Andrew Drive**

17. (a) **Burial** (b) Date thereof **May 19, 1943.**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S.S. Peter & Paul**

18. (a) Signature of funeral director **J. F. Brudeck**
(b) Address **6409 Gravois Ave.**

19. (a) **MAY 18 1943** (Date received local registrar) **J. F. Brudeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **16th**
year **1943** hour **12** minute **12 P. M.**

21. I hereby certify that I attended the deceased from **May 13** 1943 to **May 16** 1943
that I last saw her alive on **May 16** 1943
and that death occurred on the date and hour stated above.

Immediate cause of death **Infarct of Rt Lung**

Due **Mural Thrombus of Rt Auricle**

Due **Arteriosclerosis Cardiovascular Disease Hypertension Cardiovascular Disease**

Other conditions **Atherosclerosis**
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy **Confirmed diagnosis given above.**

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 **J. F. Brudeck** (M. D. or other) **M.D.**

Address **1325 S. Grand** Date signed **5/17/43**

Duration **Uncertain**
Uncertain
Uncertain
Uncertain
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *Juddie W. Siegenheim*
Licensed Embalmer No. *2270*
P. O. Address *6409 Grannis*

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.