

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Infirmary
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 days
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME John Oster

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

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

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

7. Birth date of deceased October 10 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 0 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Hungary
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Griesedick Brewery

MOTHER FATHER { 12. Name Belter Oster
 { 13. Birthplace Hungary
(City, town, or county) (State or foreign country)
 { 14. Maiden name Kate Schnur
 { 15. Birthplace Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Lennie Green

(b) Address 5800 Arsenal

17. (a) Burial (b) Date thereof 10-29-43
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director W. H. Bio. L. & N. Co.

(b) Address 2929 S. Jefferson Av.

19. (a) OCT 26 1943 J. F. Brueck
(Date received for filing) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2631 S. 13th St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country American

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24 year 1943 hour 4:50 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct 7 to Oct 24 1943 that I last saw him alive on Oct 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration Pneumonia Duration 3 days

Due to 12 H

Other conditions Arteriosclerosis, coronary sternum
(Include emergency within 3 months of death) sternum
bronchitis of liver PHYSICIAN

Major findings: Of operations _____
 Of autopsy Aspiration Pneumonia
Arteriosclerosis, coronary sternum bronchitis
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: St. Louis

(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) (2) Means of injury

23. Signature R. H. Green (M. D. or other) MD
 Address 5800 Arsenal Date signed 10/25/43

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 *Gustav W. Distule*.....

Licensed Embalmer No. *4379*.....

P. O. Address *2929 S. Jefferson*.....

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.