

No. 2
-2-43
-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1944
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

799
State File No. _____
Registrar's No. 1020

Registration District No. _____ Primary Registration District No. 1003

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Normandy
(If outside city or town limits, write "RURAL")
(d) Street No. 3742 Oakmont Dr.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles E. Ostermann
(b) If veteran, name war No
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 29th
year 1944 hour 6:30 minute A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Lena Ostermann
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased May 25th, 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 29th 1943 to Jan. 29th 1944
that I last saw him alive on Jan. 28th 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
63 8 4 hr. _____ min.

Immediate cause of death Thrombosis of Mesentary Artery. Duration 7 days

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

Due to Thrombosis of Coronary Artery. 2 mo
Due to General arterio-sclerosis 5 yrs

10. Usual occupation Real Estate & Insurance Broker

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____

11. Industry or business Self

Of autopsy Thrombosis of arteries mentioned
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? _____

MOTHER FATHER { 12. Name Carl Osterman
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Anna Hasemann
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Ostermann
(b) Address 3742 Oakmont Drive

17. (a) Burial (b) Date thereof Feb. 1, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director CALVIN A. FEUTZ FUNERAL HOME
(b) Address 4828 Natural Bridge Blvd.

19. (a) FEB 1 1944 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

23. Signature Edwin J. Paulsd. (M. D. or other) MD
Address 3635 NO. Newstead Date signed 1/29/44

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.....

John A. Melina

Licensed Embalmer No. *4186*

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.