S. No. 2
M—2-43
5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9324

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 2412

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:
LINCOLN HOTEL 2200 Olive St 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St Louis 9 17
(If outside city or town limits, write "RURAL")

(d) Street 3965 A Lafayette Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EDWARD OESTEREICH

3. (b) If veteran, name war

3. (c) Social Security No. 494-10-8474

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife LILA OESTEREICH

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased May 23 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
39	9	17	hr. min.

9. Birthplace St Louis (City, town, or county) 0 (State or foreign country)

10. Usual occupation Cook

11. Industry or business

FATHER
12. Name EDWARD OESTEREICH
13. Birthplace St Louis (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name CATHERINE HARTMANN
15. Birthplace St Louis (City, town, or county) 0 (State or foreign country)

16. (a) Informant LILA OESTEREICH
(b) Address 3965 A Lafayette Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13/44 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Thos Lutis & Son
(b) Address 2906 Gravois Ave

19. (a) MAR 23 1944 (Date received in Registrar's Office) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Marsh day 9th year 1944 hour 2 minute 37 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage of Brain when he fell from his bed striking his head

Due to on the concrete floor in Room #128 of the Lincoln

Due to Hotel Exact time unknown

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 38
Of autopsy

Duration

PHYSICIAN
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) Accident 000

(b) Date of occurrence 3-10-44

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In his Hotel Room
(Specify type of place)
While at work? (e) Means of injury 3

23. Signature Thomas F Calhoun (M. D. or other)
Address Deputy Coroner Date signed 3-14-44

(Licensed Embalmer's Statement on Reverse Side)

Cremated.

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Grand Ave.

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.