

FILED AUG 3 1945

Registration District No. **818** Primary Registration District No. **1003** Registrar's No. **6325**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital 0
(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:

(a) State Missouri (b) County 100

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

(d) Street No. 4208 W. Farlin Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Rose Lee Osborn

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm L. H. Osborn

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

7. Birth date of deceased June 29th. 1861
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20th.
year 1945 hour 5.40 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

8. AGE: Years Months Days If less than one day

84 0 21 hr. _____ min.

Due to Broncho pneumonia

Due to Generalized arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 107

9. Birthplace Pacific, No. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Pierce Merk

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

14. Maiden name Odelia Heiderriecker

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Gus. M. Osborn

(b) Address 4208 W. Farlin Ave.

17. (a) Burial (b) Date thereof 7-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontain Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Bl

19. (a) JUL 23 1945 (Date received local registrar)

J. F. Medeck (Registrar's signature)

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)

(a) Manner of injury _____

23. Signature Alfred J. ... (M. D. or other)

Deputy Registrar Address _____ Date signed 7/21/45

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

10
17
9

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.....

Licensed Embalmer No.....

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.