

No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 752
Registrar's No. 497

Registration District No. 318 Primary Registration District No. 1003

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

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:
Peoples Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 8 Days
In this community 40 Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 00
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4331 Cote Brilliante
(If rural, give location) 11 9 0
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Titus F. Oswald
3. (b) If veteran, name war. --- 3. (c) Social Security No. 496-30-1656

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maude Oswald 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased February 29th 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 15hr.min.

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

10. Usual occupation Watchman

11. Industry or business Carr-Square Village

MOTHER FATHER { 12. Name Tom Oswald
13. Birthplace Boliver Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Adalina-----?
15. Birthplace Boliver Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Lois O. Higgins

(b) Address 4331 Cote Brilliante
17. (a) Burial (b) Date thereof 1-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.

19. (a) JAN 16 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 14th
year 1946 hour 8:30 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan. 7th 1946 to Jan. 14th 1946
that I last saw him alive on January 14th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 1 Day
108

Other conditions Endocarditis Unk..
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: Prostatectomy
Hypertrophy of Prostate
Of autopsy.....
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).....
(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?

23. Signature [Signature] (M. D. or other) 0
While at work?..... (Specify type of place) (e) Means of injury.....
Address #11 N. Jefferson Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

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.....

Thomas J. Gates
Thomas J. Gates

working under my personal supervision.

Registered Apprentice No.....

Signed *Thomas J. Gates*.....

Licensed Embalmer No. *425975*.....

P. O. Address... 4107 Finney 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.