

FILED JAN 21 1946

Registration District No. Primary Registration District No. 1003 Registrar's No. 386

1. PLACE OF DEATH:

(a) County.....
 (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: St. Louis City Hospital-Max C. Starkloff
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... Memorial
 (Specify whether
 In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo County..... St. Louis
 (b) City or town..... St. Louis, Mo
 (If outside city or town limits, write "RURAL")
 (c) Street No. 1319 Hughes Pl.
 (If rural, give location)
 (d) Citizen of foreign country?.....
 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Fred Sostmann

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M.O. 5. Color W race W

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

6. (b) Name of husband or wife..... Mary Jane Sostmann

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

7. Birth date of deceased..... Feb 18 1889
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11th
 year 1946 hour 10:15 minute P M.

21. I hereby certify that I attended the deceased from....., 19....., to 1/11/46, 19.....
 that I last saw him alive on 1/11/46, 19.....
 and that death occurred on the date and hour stated above.

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

<u>86</u>	<u>10</u>	<u>23</u>	hr. min.
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Immediate cause of death Generalized arteriosclerosis

Due to.....

Due to.....

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

Major findings:
 Of operations.....

Of autopsy..... Same

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

10. Usual occupation Laborer

11. Industry or business Job Work

12. Name not known

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

14. Maiden name not known

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

16. (a) Informant: Fred Sostmann
 (b) Address 1319 Hughes

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

(c) Place: burial or cremation Lakewood Park

18. (a) Signature of funeral director.....
 (b) Address 746 1/2 Mary Street

19. (a) JAN 12 1946 (b) J.F. Brebeck
 (Date received local registrar) (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?
 (Specify type of place)

While at work?..... (Specify type of place)

23. Signature Herbert C. Gutz
 1515 Lafayette St. St. Louis, Mo. 80
 Address..... Date signed.....

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.....

Henry A. Brummer

Licensed Embalmer No.....

4200

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.