

S. No. 2
1-8-13
5-17-39
P 1 X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4379**

FILED FEB 14 1946

Registration District No. **362**

Primary Registration District No. **6236**

Registrar's No. **4**

1. PLACE OF DEATH:

(a) County Warren
(b) City or town Marthasville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Russel Charrette Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all her life (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren **109**
(c) City or town Marthasville Rural **0**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) **0**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LIZZIE ELIZA OSTERWALD

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Osterwald 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Aug 20 1883
(Month) (Day) (Year)

8. AGE: Years 63 Months 4 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name: Fritz Bosker

13. Birthplace Germany (City, town, or county) (State or foreign country) **4**

14. Maiden name Eliza Bosker

15. Birthplace Marthasville Mo (City, town, or county) (State or foreign country) **1**

16. (a) Informant Harold Osterwald

(b) Address Marthasville

17. (a) _____ (b) Date thereof Jan 19 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marthasville Mo

18. (c) Signature of funeral director Fred Wichtenberg
(b) Address Marthasville Mo

19. (a) Jan 17/46 (b) H.C. Johnson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1946 hour 1 minute 38 a.m.

21. I hereby certify that I attended the deceased from Jan 11 1946 to Jan 17 1946
that I last saw her alive on Jan 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cbr Myocarditis
Broken Compensator

Duration 2 yrs

Due to Cbr Arthritis **10 yrs**

Due to _____

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

Major findings:
Of operations _____
Of autopsy 93d

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) _____
(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) (e) Means of injury _____

23. Signature H.C. Johnson (M. D. or other) M.D.
Address Marthasville Mo Date signed 1/17/46

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

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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 Fred W. Lichtenberg
Licensed Embalmer No. 1321
P. O. Address Marthasville 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.