

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS

THE STATE BOARD OF HEALTH OF MISSOURI

18772

FILED MAY 17 1946

STANDARD CERTIFICATE OF DEATH

1003

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No. 4178

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: St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days
In this community Life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME

Frances Oster

3. (b) If veteran,

name war No

3. (c) Social Security

No None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Gustav Oster 6. (c) Age of husband or wife if alive years
7. Birth date of deceased April 9, 1963
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 0 27 hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name William Held
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret
15. Birthplace Holland
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Charles Oster

(b) Address 5220 Maffitt Ave.

17. (a) Burial (b) Date thereof May 9, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) MAY 8 1946 (b) J. J. Bredeck
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 617
(d) Street No. 5220 Maffitt Ave. (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1946 hour 6:15 minute P. M.

21. I hereby certify that I attended the deceased from April 24th to May 6, 1946
that I last saw her alive on May 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of neck of femur
Family (Register)
Due to 186
Due to 18

Other conditions (Include pregnancy within 3 months preceding death)
Major findings: Fracture of neck of femur
Of operations: 186
Of autopsy: 18

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (Specify) Accident
(b) Date of occurrence Apr 24 1946
(c) Where did injury occur? at her home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at a home
Specify type of place (e) Means of injury fall

23. Signature J. J. Bredeck Date signed May 7th
Address 4143 1/2 Howard St.

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.....

Ralph Lindus

Licensed Embalmer No. *4275*

P. O. Address *St. Louis, 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.