

No. 2  
-12-45  
5-17-39  
X47070

FILED NOV 31 1946  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9257

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution:  
Infirmiry Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5/13/46 to 10/28/46  
(Specify whether years, months or days)

In this community W  
years, months or days

3. (a) PRINT FULL NAME MARY OSBURN

3. (b) If veteran, name war A

3. (c) Social Security No. ....

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife. ....

6. (c) Age of husband or wife if alive 9 years (Day) (Year)

7. Birth date of deceased. April 9 1852  
(Month) (Day) (Year)

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

94	6	19	hr. min.
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9. Birthplace Lebanon Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business. ....

MOTHER FATHER

12. Name David B. Osburn

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

14. Maiden name Emily Pierce

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

16. (a) Informant City Infirmiry Records

(b) Address 5800 Arsenal St.

17. (a) Cremation (b) Date thereof 10 29 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Valhalla

18. (a) Signature of funeral director. Albert J. Jones

(b) Address 6175 Selman Blvd

19. (a) OCT 29 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis

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

(d) Street No. 5800 Arsenal St.  
(If rural, give location)

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

If yes, name country. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28  
year 1946 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 2, 1945 to Oct. 28, 1946  
that I last saw her alive on Oct. 28, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis with senile degeneration

Due to 1938 pl.

Due to 00

Other conditions 00  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations. ....

Of autopsy. ....

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? 0  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place)

(c) Means of injury 0

23. Signature Galum Augustus Boudich (M. D. or other) 0  
Address Infirmiry Date signed 10/29/46

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.....

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.**