

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

FILED MAR 13 1947
Registration District No. _____

Primary Registration District No. 3069

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 937 Harvey St. 3
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fred Irving Ostercamp
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 11th
year 1947 hour 4 minute 30 A.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Ostercamp
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased January 14 1885
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 28, 1936, to March 11, 1947;
that I last saw him alive on March 10, 1947;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 -1 27 hr. _____ min.

Immediate cause of death _____ Duration
Broncho Pneumonia 3/8/47
Due to Heart failure with decompensated 3/10/47
Pulmonary tuberculosis 3/28/36

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

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
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10. Usual occupation Retired Dept. Manager

11. Industry or business Ralston Purina Mills

12. Name Robert Ostercamp

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

14. Maiden name Augusta Martin

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

16. (a) Informant Emma Ostercamp

(b) Address 937 Harvey St.

17. (a) Burial (b) Date thereof 3-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pld S.S. Peter & Paul

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 3-13-47 (b) Arthur J. Gellen
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Underline the cause to which death should be charged statistically.
Bronch Pneumonia
Heart failure with decompensated Pulmonary tuberculosis.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO.
(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) (c) Manner of injury _____
23. Signature James J. Lake M.D. (M. D. or other)
Address 1007 Missouri Bldg. Date signed 3/12/47

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

MOTHER FATHER

EM 11 29 1947

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 W. W. Wilkins
Licensed Embalmer No. 3575
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.