S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 7 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22544

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6200

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: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 years, 1 month, (Specify whether
In this community 30 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal Street 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OSBURN, WILLIAM
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 3, (Day) 1855. (Year)

8. AGE: Years 92 Months 5 Days 6 If less than one day hr. min.

9. Birthplace Patterson, (City, town, or county) Illinois. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Mose Osburn,
13. Birthplace Unkown (City, town, or county) Ohio. (State or foreign country)

MOTHER
14. Maiden name Lutitia Prewett,
15. Birthplace Unkown (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant City Infirmary records,
(b) Address 5800 Arsenal Street
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 6-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Louis
18. (a) Signature of funeral director W. Richter
(b) Address 3500 Ridge St
19. (a) JUN 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th, year 1947 hour 1: minute 00 A.M.
21. I hereby certify that I attended the deceased from January 1, 1947, 19, to June 9th, 1947; that I last saw him alive on June 9th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis + myocardial degeneration	20 yrs
Due to: Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature M. S. Shorney (M. D. or other)
Address 5600 Arsenal Date signed 6-9-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.