

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Melba Bldg., 3608 So. Grand Ave.,  
(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 MO  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 3621 Arkansas 16  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country.

3. (a) PRINT FULL NAME BERNARD R. OSTHOF  
3. (b) If veteran, name war No 3. (c) Social Security No. 490-03-6557

4. Sex M O 5. Color or race W 6. (a) Single, widowed, married, divorced M /  
6. (b) Name of husband or wife Caroline 6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased December 1st, 1879  
(Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 4 If less than one day hr. min.

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

10. Usual occupation Barber

11. Industry or business

MOTHER FATHER { 12. Name Unknown 9  
13. Birthplace Unknown (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country) 4

16. (a) Informant Bernard W. Osthof

(b) Address 3214 a Michigan Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/8/48  
(Month) (Day) (Year)

(c) Place: burial or cremation New-St. Marcus Cemetery

18. (a) Signature of funeral director Mackie Hildebrand U. F. Co.  
(b) Address 3634 Gravois, St. Louis, Mo.

19. (a) JUN 7 1948 (b) J. F. Bredbeck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 5th  
year 1948 hour 10: minute 30 A.M.

21. I hereby certify that I attended the deceased from April 10, 1948 to June 5, 1948;  
that I last saw him alive on June 5, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 1 day.

Due to Chronic Hypertensive m. of a. condition 14 yrs.

Due to  
Other conditions (Include pregnancy within 3 months of death) 98

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? (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 Ralph Thompson (M. D. or other) M.D.  
Address 3606 Gravois, St. Louis, Mo. Date signed 6/7/48

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 Robert Wheeler

Licensed Embalmer No. 2178

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.**