

No. 300
-10-47
5-17-39
WI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 2 1948

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31326
81784

Registration District No. 318 Primary Registration District No. 1002 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: ST. LOUIS CITY HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 60 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County own
(c) City or town: ST. LOUIS 9
(If outside city or town limits, write "RURAL")
(d) Street No. 2568 WARREN ST.
(If rural, give location) 0
(e) Citizen of foreign country? 20 (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 14
year 1948 hour 1 minute 100P. M.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
7. (b) Name of husband or wife LOUISE
(c) Age of husband or wife if alive years
JUNE 25 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Lobar Pneumonia Duration _____
Chronic Endocarditis

8. AGE: Years 60 Months 2 Days 19
If less than one day _____ hr. _____ min.

Due to _____
Due to _____ 108

9. Birthplace ST. LOUIS Mo.
(City, town, or county) (State or foreign country)

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

10. Usual occupation LABORER

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name ALBERT OSTER
13. Birthplace ST. LOUIS Mo.
(City, town, or county) (State or foreign country)
14. Maiden name LOUISE WOLLBRINCK
15. Birthplace ST. LOUIS Mo.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant MRS BERGER
(b) Address 2337 WARREN
17. (a) BURIAL (b) Date thereof 9-16 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETERS CEM.
Cullinane Bro (Specify type of place) 2
18. (a) Signature of funeral director _____
(b) Address 3320 N. KINGSHIGH WAY
While at work? _____ (c) Means of injury _____

19. (a) SEP 18 1948 (Date received for local registration)
(b) J. J. Braddock (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 9/18/48

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

MOTHER FATHER

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.....

NO EMBALMING....., Registered Apprentice No.....
working under my personal supervision.

Signed Fred Ferick.....

Licensed Embalmer No. 3186.....

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.