

FILED JAN 12 1949

Registration District No. 276Primary Registration District No. 4410Registrar's No. 63

1. PLACE OF DEATH:

(a) County Helms
 (b) City or town St. James
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Soldiers Home Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 days
 (Specify whether in hospital or institution)
 In this community 17 days, was immediate
 years, months or days for several years and lived

3. (a) PRINT FULL NAME Ostrander, Beatrice

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife William P. Ostrander 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased July 18 1879
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 15 hr. _____ min. _____9. Birthplace St. Louis Mo. D
 (City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Louis Urana13. Birthplace Chacoslovakia
 (City, town, or county) (State or foreign country)14. Maiden name Anna15. Birthplace Chacoslovakia
 (City, town, or county) (State or foreign country)16. (a) Informant Mildred Ostrander(b) Address 3624 Sherman Ave, St. James, Mo.(c) Burial (b) Date thereof 1/18/49
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valley View Cemetery18. (a) Signature of funeral director Via G. Hunsell(b) Address 1926 Olive St.19. (a) Jan-3-49 (b) Cara C. Birmingham
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
 (c) City or town St. James
 (If outside city or town limits, write "RURAL")
 (d) Street No. Soldiers Home
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country settled on Furlough when taken ill

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3rd
 year 1949 hour 11 minute 30 P. M.21. I hereby certify that I attended the deceased from Dec 17, 1948, to 1-3, 1949;
 that I last saw her alive on Jan 3, 1949,
 and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of uterus
(Extensive metastasis) Duration 6 mo

Due to _____

Due to _____

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

Major findings: Of operations 1992

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 [Signature] (M. D. or other) _____Address St. James Date signed 1-3-49

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 1-10-49

RECEIVED

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 me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed Bryce O. Duncan

Licensed Embalmer No. 2272

P. O. Address 1726 Allen

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
City of St. Louis } ss.

State File No. 2159
Local Registrar's No. _____

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 7th day of January, 1949, before me appears Mildred Ostrander, who, upon her oath, states that the original record of ~~birth~~ death for Beatrice Ostrander died January 3rd, 1949, in the State of Missouri, and which was filed at St. James, Mo. on Jan. 4-, 1949, should be corrected as follows:

- Item No. 8 should read July 18-1879
Instead of 1868
- Item No. 9 should read 69 Years
Instead of 70 Years
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Mildred Ostrander Daughter
Relationship.

3624 Shenandoah, St. Louis, Mo.
Present Address.

Subscribed and sworn to before me this 7th day of January, 1949.
My Commission expires Sept. 22nd, 1950 George S. S. S. Notary Public.

