

FILED FEB 21 1949

STANDARD CERTIFICATE OF DEATH

State File No. 5842

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 38	
1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Charles			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles		c. LENGTH OF STAY (In this place) 70 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles		79	
d. FULL NAME OF HOSPITAL OR INSTITUTION 427 Lindenwood				d. STREET ADDRESS (If rural, give location) 427 Lindenwood			
3. NAME OF DECEASED (Type or Print) Mary		a. (First) Mary		b. (Middle) A		c. (Last) Ostmann	
4. DATE OF DEATH (Month) (Day) (Year) January 27 1949		5. SEX F		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH April 14 1878		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Keeper		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) St Charles County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME H. William Barklage		13b. MOTHER'S MAIDEN NAME Anna Senden		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Gus Ostmann 139 No. Kingshighway		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 4/20/1 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Coronary Arteriosclerosis				INTERVAL BETWEEN ONSET AND DEATH 2 days ? ?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 10, 1947, to Jan 27, 1949, that I last saw the deceased alive on Jan 25, 1949, and that death occurred at 4 P. M., from the causes and on the date stated above.							
23a. SIGNATURE John M. Jenkins M.D.				23b. ADDRESS St. Charles, Mo.		23c. DATE SIGNED 2-1-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan 30 1949		24c. NAME OF CEMETERY OR CREMATORY Lutheran		24d. LOCATION (City, town, or county) (State) St Charles Mo.	
DATE REC'D BY LOCAL REG. 2-16-49		REGISTRAR'S SIGNATURE R. Anne Hamilton		25. FUNERAL DIRECTOR'S SIGNATURE Huckmann - Bone		ADDRESS St Charles Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 30
10.48

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FEB 18 1949

RECEIVED

District Health Officer No. 9,

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Charles J. Nacker

Licensed Embalmer No. 4530

P. O. Address St. Charles, 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.