S. No. 300
v. 10.48

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22022

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 1385

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

1. PLACE OF DEATH
a. COUNTY: ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
c. LENGTH OF STAY (in this place): 30 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MO
b. COUNTY: ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WEBSTER GROVES
d. STREET ADDRESS (If rural, give location): 56 WILSHIRE TERRACE

3. NAME OF DECEASED (Type or Print)
a. (First): MABLE
b. (Middle): GERTRUDE
c. (Last): OESTEREICH

4. DATE OF DEATH (Month) (Day) (Year): JUNE 8 1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV 20 - 1879
9. AGE (In years last birthday): 69 — 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): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): NEW YORK CITY NY
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: ELLERY BENSON
13b. MOTHER'S MAIDEN NAME: JULIA CALLAHAN
14. NAME OF HUSBAND OR WIFE: OSCAR H. OESTEREICH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Oscar H. Oesterreich — ADDRESS: ABOVE

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteria-Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Not known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial Damage — 2 yrs
DUE TO (c): None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
93d — 4221

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Not
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 4, 1949, *to* June 8, 1949, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. C. Todd M.D.U.
23b. ADDRESS: University Club Bldg
23c. DATE SIGNED: 6/9/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-10-1949
24c. NAME OF CEMETERY OR CREMATORY: OAK GROVE MAUSOLEUM
24d. LOCATION (City, town, or county) (State): ST LOUIS MO

DATE REC'D BY LOCAL REG.: 6-9-49
REGISTRAR'S SIGNATURE: Thurd Lunger
25. FUNERAL DIRECTOR'S SIGNATURE: Parker Und Co. — **ADDRESS**: Webster Groves Mo

(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 ....., Student Embalmer No. .....,

working under my personal supervision.

Signed Leslie Welch

Signed .....
Student Embalmer

Licensed Embalmer No. 4395

P. O. Address Webster Groves 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.