

No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15278

BIRTH NO. 7084-50 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1187

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis - Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington - Mo. 0362</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3 - East Main</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bridget</u> b. (Middle) <u>Osseck</u> c. (Last) <u>Osseck</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5/9/50</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>	8. DATE OF BIRTH <u>2/21/50</u>	9. AGE (In years last birthday) <u>2</u>	10. UNDER 1 YEAR Months <u>2</u> Days <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>Washington - Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>John Richard Osseck</u>	13b. MOTHER'S MAIDEN NAME <u>Antoinette Beutke</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Richard Osseck</u>	ADDRESS <u>Washington</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24</u> <u>15</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Transposition of Great Vessels</u>		
	DUE TO (c) <u>Congenital Heart Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>754.4</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-11, 1950, to 5-9, 1950, that I last saw the deceased alive on 5-9, 1950, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chester P. Lindwiler M.D.</u> (Degree or title)	23b. ADDRESS <u>1325 S. Grand Ave.</u>	23c. DATE SIGNED <u>5-10-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/10/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Ceme.</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MAY 9 1950</u>	REGISTRAR'S SIGNATURE <u>Chester P. Lindwiler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A.C. Nieburg</u>	ADDRESS <u>Washington Mo.</u>
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(Licensed Embalmer's Certificate 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.....
Student Embalmer

Signed

Licensed Embalmer No. 2387

P. O. Address Washington, 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.