

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21373**
5603

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 2 1/2 days	
c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 2928 S. 13th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION En Route to City Hospital			
3. NAME OF DECEASED (Type or Print) Samuel		4. DATE OF DEATH (Month) (Day) (Year) 6-19-1951	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 10-10-1887	
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman	
10b. KIND OF BUSINESS OR INDUSTRY Medart Company		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Henry Oesterreicher		13b. MOTHER'S MAIDEN NAME Josephine Vardy	
14. NAME OF HUSBAND OR WIFE Belle Oesterreicher			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes W.W.#1		16. SOCIAL SECURITY NO. 489-28-5574	
17. INFORMANT'S SIGNATURE OR NAME Marie Schroeder		ADDRESS 4632 Gravois Ave	
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) Gunshot wound of skull & brain ANTECEDENT CAUSES self inflicted in room of home 2928 S. 13th St. after deceased had shot one Belle Oesterreicher his wife at same address, about 5:30 am June 19 1951 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 Suicide	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE OR HOMICIDE Suicide		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) June 19 1951 5:30 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:20 A.M. , from the causes and on the date stated above.		22. HOW DID INJURY OCCUR? E976X	
23a. SIGNATURE Joseph J. [Signature]		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 6/21/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-22-1951	
24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo. Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 21 1951 [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 6409 Gravois Ave	

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 _____

Yau M. Seymour

Licensed Embalmer No. _____

4343

P. O. Address _____

St. Louis 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.