

FILED MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10941

State File No.

| | | | | | | | | | |
|---|--|--|------------|---|-------------|--|-------------------------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | | PRIMARY REG. DIST. NO. <u>3063</u> | | Registrar's No. <u>570</u> | | | |
| 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>St. Louis</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Clayton</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Winloch</u> | | 4091 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County</u> | | | | d. STREET ADDRESS (If rural, give location) <u>609 Monroe</u> <u>OK</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>JAMES</u> | | | a. (First) | | b. (Middle) | | c. (Last) <u>OSWALD</u> | | |
| 4. DATE OF DEATH <u>FEB. 22, 1952</u> | | (Month) (Day) (Year) | | 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>Col</u> | | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>25 Dec 1877</u> | | 9. AGE (In years last birthday) <u>74</u> | | IF UNDER 1 YEAR Months Days | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chauffeur-Houseman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>domestic</u> | | 11. BIRTHPLACE (State or foreign country) <u>Bolivar, Tenn</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>Thomas P Oswald</u> | | 13b. MOTHER'S MAIDEN NAME <u>Adeline unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Emma Oswald</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Carmen Hopkins 609 Monroe</u> | | | | | |
| 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 | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> | | | | DUE TO (b) <u>Arteriosclerotic Heart Disease</u> | | | | <u>1 week</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (c) <u>4200</u> | | | | <u>10+ years</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>Cirrhosis of the Liver</u> | | | | <u>6+ mos.</u> | |
| 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) | | 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 <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 <u>Feb. 21, 1952</u> , to <u>Feb. 22, 1952</u> , that I last saw the deceased alive on <u>Feb. 22, 1952</u> , and that death occurred at <u>2:00a m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Robert H. Dewitt MD</u> | | | | 23b. ADDRESS <u>601 S. Brentwood, Clayton, Mo.</u> | | 23c. DATE SIGNED <u>2-22-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>2-26-52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>Beukelley, Mo</u> | | | |
| DATE REC'D BY LOCAL REG. <u>2-26-52</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Bayd Bros</u> | | ADDRESS <u>Winloch, Mo</u> | | | |

Sw (Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Edward A Flynn

Signed.....
Student Embalmer

Licensed Embalmer No. *4446*

P. O. Address. *4548^{1/2} Page Blvd*

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.