V.S. No. 300
Rev. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33289

FILED OCT 7 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9029

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis
c. LENGTH OF STAY (In this place): -----
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2501 a Benton Street, 6.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis 2209
d. STREET ADDRESS (If rural, give location): 2501a Benton Street, 6, 20

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): F.
c. (Last): Osiek

4. DATE OF DEATH (Month) (Day) (Year): Sept. 26th, 1952.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec. 5th, 1878
9. AGE (In years last birthday): 73 — 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): Lawyer & Chiropractor
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (City and State or Foreign Country): St. Charles, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Fred Osiek
13b. MOTHER'S MAIDEN NAME: Anna Schweickert
14. NAME OF HUSBAND OR WIFE: Kathyrn Osiek nee Scheufeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Kathyrn Osiek, 2501a Benton Street, 6.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: 1yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

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

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 5810

22. *I hereby certify that I attended the deceased from* 11-9, 1951, *to* 9-26, 1952, *that I last saw the deceased alive on* 9-26, 1952 *and that death occurred at* 9:58P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wayne O Barker MD
23b. ADDRESS: 2739 N. Grand
23c. DATE SIGNED: 9-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9/30/52
24c. NAME OF CEMETERY OR CREMATORY: Friedens Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri.

DATE REC'D BY LOCAL REG.: SEP 29 1952
REGISTRAR'S SIGNATURE: J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Calvin F. Feutz, 4828 Natural Bridge Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Lindell Trust Bldg.,
Grand & St. Louis Aves.,
No. 1270
Room 211
12:00 noon Monday

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 Ralph C. Lindell

Licensed Embalmer No. 4225

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.