

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

19748

FILED JUN 10 1953

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1003

State File No. ....

5333

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>			c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2239 1922a S. 9th St.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>ADOLPH</b>		b. (Middle)		c. (Last) <b>OSTER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 23, 1953</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 10, 1882</b>		9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MO. Hours	IF UNDER 1 MO. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>O.A.A.</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>		12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <b>Otto Oster</b>			13b. MOTHER'S MAIDEN NAME <b>Caroline Habera</b>		14. NAME OF HUSBAND OR WIFE <b>Frieda</b>				
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 ADDRESS <b>Frieda Oster 1922a S. 9th St.</b>					
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.				<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchogenic Carcinoma</b>				DUE TO (b) <b>with cerebral metastasis</b>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)					
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					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <b>162X</b>					
22. I hereby certify that I attended the deceased from <b>5-19-53</b> , 19____, to <b>5-23-53</b> , 19____, that I last saw the deceased alive on <b>5-23-53</b> , 19____, and that death occurred at <b>5:15P</b> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Charles E. Conleton Jr. M.D.</b>				23b. ADDRESS <b>1515 Lafayette Avenue</b>		23c. DATE SIGNED <b>5-25-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>		24b. DATE <b>5-29-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>				
DATE REC'D BY LOCAL REG. <b>MAY 28 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. Ryan</b>		ADDRESS <b>5600 Arsenal St.</b>			

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.....

Student Embalmer No. ....

working under my personal supervision.

**NOT EMBALMED**

**CREMATED BY CITY**

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**