

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19749

State File No. ....

FILED MAY 18 1953

318

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1003

Registrar's No.

4473

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 909a Ann		d. STREET ADDRESS (If rural, give location) 2239 909a Ann		
3. NAME OF DECEASED a. (First) Joseph		b. (Middle)	c. (Last) Ostoin	
4. DATE OF DEATH Apr. 30, 1953		5. SEX male		
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 2, 1887	
9. AGE (In years last birthday) 65		10. KIND OF BUSINESS OR INDUSTRY Gardener	11. BIRTHPLACE (State or foreign country) Hungary	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Peter Ostoin		
14. NAME OF HUSBAND OR WIFE Elizabeth Ostoin		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		
16. SOCIAL SECURITY NO. 494-03-8530A		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Ostoin		
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple adeno-carcinomatosis  ANCECEDENT CAUSES Adeno-carcinoma - cervical glands  DUE TO (b) 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 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR? 198.1		22. I hereby certify that I attended the deceased from Oct. 12, 1952, to April 30, 1953, that I last saw the deceased alive on April 29, 1953, and that death occurred at 6:30 a.m., from the causes and on the date stated above.		
23a. SIGNATURE J. Schindewolf		23b. ADDRESS MD 2026 Sp 9th St.	23c. DATE SIGNED 5/1/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5/2/53	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery, St Louis County, Mo.	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons		
25. ADDRESS 7027 Gravois		DATE REC'D BY LOCAL REG. MAY 1 1953		
REGISTRAR'S SIGNATURE J. Carl Smith MD		26. (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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Illinois

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.