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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44685

State File No.

FILED JAN 11 1954
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|---|----------------------------------|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>317</u> | PRIMARY REG. DIST. NO. <u>547</u> | Registrar's No. <u>3327</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 _____ | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Hights</u> | | c. LENGTH OF STAY (In this place) <u>2 hours</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hosp.</u> | | d. STREET ADDRESS (If rural, give location) <u>4671 Tesson</u> | | |
| 3. NAME OF DECEASED (Type or Print) <u>Infant</u> | | a. (First) _____ | b. (Middle) _____ | c. (Last) <u>Oster</u> |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26 1953</u> | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u> | 8. DATE OF BIRTH <u>Dec. 26 1953</u> | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months IF UNDER 12 HRS. Days Hours Min. <u>2</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Nil</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond Hgts. Mo.</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | | | | |
| 13a. FATHER'S NAME <u>Gus Oster</u> | | 13b. MOTHER'S MAIDEN NAME <u>Arlene Busch</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Gus Oster 4671 Tesson</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Erythroblastosis fetalis.</u> ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH |
| 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) <u>7700</u> |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 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>12/26</u> , 19 <u>53</u> , to <u>12/26</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12/26</u> , 19 <u>53</u> , and that death occurred at <u>12/26</u> m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>Johnnie W. ...</u> | | 23b. ADDRESS <u>16 Hampton Plaza</u> | | 23c. DATE SIGNED <u>12/28/53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-28-1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem.</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Lemay St. Louis Co. Mo.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>12-28-53</u> | | REGISTRAR'S SIGNATURE <u>Hubert P. Domb, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. P. Fendler Jr.</u> |
| | | | | ADDRESS <u>7128 Michigan</u> |

52W (Licensed Embalmer's Statement on Reverse Side)

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

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Alvance Koclow

Licensed Embalmer No.

3091

P. O. Address

17128 Michigan

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.