

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17262

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4194

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Srt Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 1 Mos		d. STREET ADDRESS (If rural, give location) 6524 Winnebago	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital			
3. NAME OF DECEASED (Type or Print) Alexander		a. (First) S.	b. (Middle) Oswald
c. (Last) Oswald		4. DATE OF DEATH (Month) (Day) (Year) May 10 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 17 1884
9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR Days	11. IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Toole Maker		10b. KIND OF BUSINESS OR INDUSTRY Guth Electric	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Alexander Oswald Sr		13b. MOTHER'S MAIDEN NAME Friedericka Lauff	14. NAME OF HUSBAND OR WIFE Rose Oswald
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. 490-12-1423	17. INFORMANT'S SIGNATURE OR NAME Rose Oswald
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>Bronchogenic Carcinoma Rt. lung</u> 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.	
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION none	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		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? 162x
22. I hereby certify that I attended the deceased from <u>4-14-1954</u> to <u>5-10-1954</u> , that I last saw the deceased alive on <u>5-10-1954</u> , and that death occurred at <u>8:25A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>John J. Schumacher M.D.</u>		(Degree or title)	23b. ADDRESS 634 N. Grand
23c. DATE SIGNED 5/10/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 5/13/54	24c. NAME OF CEMETERY OR CREMATORY Mo. Crematory
24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. MAY 10 1954		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher
		ADDRESS 3013 Meramec	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr Hammond
116 THEATER BUILDING
2:00 P.M. to 6:00 P.M.

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 _____

Licensed Embalmer No. 366

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.