

FILED SEP 16 1954

STANDARD CERTIFICATE OF DEATH

State File No. 32076
Registrar's No. 7964

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
 a. COUNTY Hammer L. Phelps
 b. CITY OR TOWN St Louis MO
 c. LENGTH OF STAY (in this place) 1 day
 d. FULL NAME OF HOSPITAL OR INSTITUTION Hammer L. Phelps

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri
 b. COUNTY _____
 c. CITY OR TOWN St Louis
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) 709A Channing

3. NAME OF DECEASED
 a. (First) Arabella b. (Middle) _____ c. (Last) Oster

4. DATE OF DEATH (Month) (Day) (Year)
8-22-54

5. SEX 7 3 6. COLOR OR RACE C 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Nov 2, 1887 9. AGE (In years last birthday) 66 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) Housework
 10b. KIND OF BUSINESS OR INDUSTRY Domestic
 11. BIRTHPLACE (City and State or Foreign Country) Trison Ga
 12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Moses White 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Julian Oster

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 Lloyd A. Clayton MO ADDRESS _____

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) Respiritis following Paracentesis for Curiosis of Lungs
 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 _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 581.0

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE Deputy Registrar (Degree or title) 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 8/28/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8.30.54 24c. NAME OF CEMETERY OR CREMATORY Oakdale 24d. LOCATION (City, town, or county) (State) Lemay MO

DATE REC'D BY LOCAL REG. AUG 28 1954 REGISTRAR'S SIGNATURE J. Earl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE Andrew Burko ADDRESS 3506 Franklin

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

1907 23 195

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.....
Signature of Student Embalmer

Signed *Jhs S. Yandell*

Licensed Embalmer No. *424*

P. O. Address *W. Detroit*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**