

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10491  
Registrar's No. 528

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541

1. PLACE OF DEATH  
a. COUNTY ST. LOUIS COUNTY  
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN CLAYTON  
c. LENGTH OF STAY (in this place) (township) 1 DAY  
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CO. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MO. b. COUNTY ST. LOUIS  
c. CITY OR TOWN LEMAY 487 ST. LOUIS  
d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes  No   
e. STREET ADDRESS (If rural, give location) 529<sup>a</sup> HOFFMEISTER

3. NAME OF DECEASED  
a. (First) Henry b. (Middle) W c. (Last) Osterloh

4. DATE OF DEATH (Month) (Day) (Year)  
3 1 1955

5. SEX MALE

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH NOV. 6, 1884

9. AGE (In years last birthday) 70

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) RET. MILLWRIGHT.

10b. KIND OF BUSINESS OR INDUSTRY MONSANTO CHEM.

11. BIRTHPLACE (City and State or Foreign Country) STEELEVILLE ILL.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE ALICE OSTERLOH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO

(If yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. 489-05-3378A

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
MAE REUTER 9319 BRENDA

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Infarct - Recent  
ANTECEDENT CAUSES. DUE TO (b) Arteriosclerosis/Heart Dis.  
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Congestive failure - pulmonary  
Conditions contributing to the death but not related to the disease or condition causing death. Eleva

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 7

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
4200 \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year), (Hour) \_\_\_\_\_

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 2-28, 1955 to 3-1, 1955, that I last saw the deceased alive on 3-1, 1955, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jack L. Hagadorn, M.D.

23b. ADDRESS 601 So. Brentwood

23c. DATE SIGNED 3-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 3/4/55

24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEM.

24d. LOCATION (City, town, or county) (State) LEMAY MO.

DATE REC'D BY LOCAL REG. 3-2-55

REGISTRAR'S SIGNATURE Herbert R. Domb, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
FENDLER UNDER CO. 7426 MICHIGAN

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

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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..... *W. L. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.