

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

Reg. No. **FILED** SEP 1 1955 DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28027**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6831**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution, state name before admission).
a. STATE **MISSOURI** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN **915 N. Grand St. Louis, Mo.** c. LENGTH OF STAY (in this place) **16 Days**
c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes No
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **VETERANS ADMINISTRATION HOSP.**
e. STREET ADDRESS (If rural, give location) **7411 Alaska Avenue** **20190**

3. NAME OF DECEASED (Type or Print) a. (First) **Rudolph** b. (Middle) **Harry** c. (Last) **Ostmeyer** 4. DATE OF DEATH (Month) (Day) (Year) **8-4-55**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **9-27-1900** 9. AGE (In years last birthday) **54** 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) **Mail Truck Dispatcher** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Chris Ostmeyer** 13b. MOTHER'S MAIDEN NAME **Clair Gasione** 14. NAME OF HUSBAND OR WIFE **Marie W. Ostmeyer**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WW-1** 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME **VA Hosp. Records** ADDRESS **915 N. Grand St. Louis, Mo.**

18. CAUSE OF DEATH—Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **ASPIRATION PNEUMONIA**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **LAENNECH'S CIRRHOSIS OF LIVER ASSOCIATED WITH SPLENOMEGALY AND ASCITES**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **Several hours**
Unknown

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO **5811**

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) (Minute) _____ 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 **7-19**, 19 **55**, to **8-4**, 19 **55**, that I do not know the cause of death, and that death occurred at **10:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **John L. Bolduc** (Degree or title) **M.D.** 23b. ADDRESS **VAH, 915 N. Grand St. Louis, Mo.** 23c. DATE SIGNED **8-5-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **Aug. 9, 1955** 24c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 24d. LOCATION (City, town, or county) (State) **Jeff. Bks. Mo.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **AUG 5, 1955 J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **C. Hoffmeister U. & L. Co. 7814 S. Broadway**

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 *Linus C. Hoffner*.....

Licensed Embalmer No. 387

P. O. Address 7814 S.D.

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.