

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5995**

FILED FEB 28 1956

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 69	
1. PLACE OF DEATH a. COUNTY St. Charles b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles c. CITY OR TOWN St. Charles d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) Route # 3			
3. NAME OF DECEASED (Type or Print) a. (First) LENA b. (Middle) c. (Last) OSTMAN		4. DATE OF DEATH (Month) (Day) (Year) February 20, 1956		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 21, 1879		9. AGE (In years last birthday) Months Days Hours Min. 76 10 29		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	
10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Gottfried Drecksage	
13b. MOTHER'S MAIDEN NAME Schamme		14. NAME OF HUSBAND OR WIFE William Ostman		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. None	
17. INFORMANT'S SIGNATURE OR NAME William Ostman		17. ADDRESS Rt. 3 St. Charles, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ruptured Aortic Aneurysm</u> *This does not mean the mode of dying, such as heart failure, asphyxia, 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) <u>arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>			
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION 451X		20. AUTOPSY? YES <input checked="" 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) _____		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>August, 1950, to February, 1956</u> , that I last saw the deceased alive on <u>February 20, 1956</u> , and that death occurred at <u>10:00 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE Don Z. Randall, M.D.		(Degree or title)		23b. ADDRESS 207 N. 5th St. Charles Mo.		23c. DATE SIGNED Feb. 23, 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 23, 1956		24c. NAME OF CEMETERY OR CREMATORY St. John's Cemet.		24d. LOCATION (City, town, or county) (State) St. Charles, Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Feb 23 1956		REGISTRAR'S SIGNATURE Annice Zander		25. FUNERAL DIRECTOR'S SIGNATURE Arthur C. Bone		ADDRESS St. Charles, Mo.	

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

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 *Clarence M. Billo*.....

Licensed Embalmer No. *4375*.....

P. O. Address *D. Christian*.....

**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.**