

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023684

STATE FILE NUMBER

FILED JUL 15 1959 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1743

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Page Dale</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Vincent's</i>		d. STREET ADDRESS (If outside, give location) <i>3402 North 14th</i>	
Length of stay in lb <i>YRS</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>JOSEPH</i> Middle <i>OSTERN</i> Last <i>OSTERN</i>			4. DATE OF DEATH Month <i>6</i> Day <i>30</i> Year <i>1959</i>		
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5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <i>3-19-1887</i>	9. AGE (In years last birthday) <i>72</i>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months <i>2</i> Days <i>16</i> Hours <i>11</i> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Cook</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (City and state or country) <i>Germany</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
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13. FATHER'S NAME <i>John Ostern</i>	14. MOTHER'S MAIDEN NAME <i>Elizabeth Lamont</i>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Edwin J. Koch - 3516 North 14</i>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of tongue -</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 mos</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <i>161x</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>Art sclerotic cerebral vascular disease</i>		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
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20c. TIME OF INJURY <i>Hour - Month, Day, Year</i> a. m. _____ p. m. _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from *9-4-47* to *6-30-59* and last saw ^{her}him alive on *6-27-59*
Death occurred at *2:45 am* on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Wayne O. Gorka</i> (Degree of title)	22b. ADDRESS <i>100 N. Euclid</i>	22c. DATE SIGNED <i>6-30-59</i>
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23a. DATE <i>7-2-1959</i>	23b. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>	23c. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>
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24. FUNERAL DIRECTOR <i>Edw Koch & Son</i> ADDRESS <i>3516 N. 14</i>	25. DATE RECD. BY LOCAL REG. <i>6-30-59</i>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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entirely to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
W E Morris

Licensed Embalmer No. *3*

P. O. Address *St Lr*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.