

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-009402
State File No.

FILED VS MAR 3 1960

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 597

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>BALLWIN</u>		c. CITY OR TOWN <u>MAPLEWOOD</u>	
c. LENGTH OF STAY (in this place) <u>DAYS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PINE CREST HOME</u>		e. STREET ADDRESS (If rural, give location) <u>2124 DOUGLASS</u>	

3. NAME OF DECEASED a. (First) <u>EVA</u> b. (Middle) <u>OSTERMAN</u> c. (Last) <u>OSTERMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 18 1960</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>MAY 5 1879</u>		9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WIDOW</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	

13a. FATHER'S NAME <u>CHARLES HOGE</u>		13b. MOTHER'S MAIDEN NAME <u>unn</u>		14. NAME OF HUSBAND OR WIFE <u>THOMAS OSTERMAN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>unn</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. VERMEERSCH</u>	
				ADDRESS <u>2124 DOUGLASS</u>	

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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic changes</u>		ANTECEDENT CAUSES <u>Vascular Disease</u>					
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.		<u>Rheumatoid Arthritis</u>				<u>4221</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		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)		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 7-30-59 to 2-18-60, 1960, that I last saw the deceased alive on 2-9-60, 1960, and that death occurred at 9:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Allen McNamee M.D.</u>		23b. ADDRESS <u>4308 E. Peter St.</u>		23c. DATE SIGNED <u>2-18-60</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB. 20 1960</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. MATTHEW CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Kuter</u>		ADDRESS <u>2906 Grand</u>	
DATE REC'D BY LOCAL REG. <u>2-23-60</u>		REGISTRAR'S SIGNATURE <u>John W. Murphy M.D.</u>			

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

*Pin
Crest*

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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 Gravo

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.