

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-019318  
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4595

FILED JUN 2 1961

DATE AMENDED  
72  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>40 yrs</u>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOA City Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>3455a Osage Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle <u>F.</u> Last <u>OSBERGHAUS</u>				4. DATE OF DEATH Month <u>May</u> Day <u>13</u> Year <u>1961</u>									
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>8/29/1920</u>		9. AGE (last birthday) <u>40</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>electrical engineer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>appliance mfg etc</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>Dr. William F. Osberghaus</u>				13b. MOTHER'S MAIDEN NAME <u>Anna M. Matzenbacher</u>				14. NAME OF HUSBAND OR WIFE <u>Dorothy Wolfsberger</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u> <u>WW II</u>				17. INFORMANT Address <u>Mrs. Anna M. Osberghaus, 3455a Osage St.</u>									
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shotgun wound of head; self inflicted in home on May 13, 1961, while suffering temporary mental aberration.</u> DUE TO (b) <u>suicide</u> DUE TO (c) <u>suicide</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>976x</u>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>See above</u>									
20c. TIME OF INJURY Hour <u>?</u> a.m. p.m. Month, Day, Year <u>5-13-61</u>													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		20f. CITY, TOWN, OR LOCATION <u>St. Louis, Mo</u>		COUNTY		STATE			
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ <u>742 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Paul J. Simon Deputy Coroner</u>						22b. ADDRESS <u>1300 Clark</u>				22c. DATE SIGNED <u>5/15/61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>			23b. DATE <u>May 16, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>					
24. FUNERAL DIRECTOR <u>BEIDERWIEDEN F.H. INC., 1936 S. Louis Ave.</u>						ADDRESS		25. DATE RECD. BY LOCAL REG. <u>MAY 15 1961</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>			

CORONER

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 Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address St. Louis

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.