

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

Registration District No. 318

FILED AUG 3 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hosp. D.O.A.		d. STREET ADDRESS (If outside, give location) 4446 Virginia	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Alfred Middle E. Last Ost			4. DATE OF DEATH Month July Day 17 Year 1961			
---	--	--	--	--	--	--

5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 9, 1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months 10 Days	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	--	-------------------------------------	--	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cigar Maker	10b. KIND OF BUSINESS OR INDUSTRY Menendez	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	--	---	--

13a. FATHER'S NAME Henry Ost	13b. MOTHER'S MAIDEN NAME Emma Friedauer	14. NAME OF HUSBAND OR WIFE Single
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Address Theodore Ost 5231 Southwest
--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture of right leg; DUE TO (b) generalized atherosclerosis; DUE TO (c) suffered in fall on February 20, 1961		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) ACCIDENT 904.0-21		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 checked="" 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.) See above
---	--	--

20c. TIME OF INJURY Hour ? a.m. p.m. Month, Day, Year 2-20-61	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.) 15 Home	20f. CITY, TOWN, OR LOCATION St. Louis, Mo	COUNTY	STATE
---	---	--	--	--------	-------

21. I attended the deceased from **12:30 P.** to **he** and last saw him alive on **he**
Death occurred at **12:30 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul J. Simon (Degree deputy coroner)	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 7/20/61
--	-----------------------------------	------------------------------------

22a. SIGNATURE	22b. ADDRESS	22c. DATE SIGNED
22d. BURIAL, CREMATION, REMOVAL (Specify) Removal	22e. DATE July 20, 1961	22f. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
22g. LOCATION (City, town, or county) St. Louis, County, Mo.	22h. (State)	

24. FUNERAL DIRECTOR Schumacher's	ADDRESS 3013 Meramec St.	25. DATE RECD. BY LOCAL REG. JUL 20 1961	26. REGISTRAR'S SIGNATURE Loan Smith M.D.
---	------------------------------------	--	---

DATE AMENDED

INSTEAD OF DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 _____

Licensed Embalmer No. 4746

P. O. Address At Home

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.