

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3284

State File No.

FILED FEB 9 - 1955

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 531 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) University City		c. CITY OR TOWN University City	
c. LENGTH OF STAY (in this place) Unknown		d. Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6934 Delmar Blvd., 5.		e. STREET ADDRESS (If rural, give location) 6934 Delmar Blvd., 5.	

3. NAME OF DECEASED (Type or Print) CHARLES	a. (First)	b. (Middle) H.	c. (Last) OSTHOFF, SR.,	4. DATE OF DEATH (Month) (Day) (Year) Jan. 11th, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 30th, 1874	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 11 WKS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President	10b. KIND OF BUSINESS OR INDUSTRY Liberty Bell Oil Co.	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Herman Osthoff	13b. MOTHER'S MAIDEN NAME Johanna Nienkamp	14. NAME OF HUSBAND OR WIFE Late Kate Osthoff nee Fehr
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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) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mr. Charles H. Osthoff, Jr.,	ADDRESS 6934 Delmar Bl.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral apoplexy		INTERVAL BETWEEN ONSET AND DEATH 5 d
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis Chn		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 17, 1951, to Jan 11, 1955, that I last saw the deceased alive on Jan 11, 1955, and that death occurred at 11:15P m., from the causes and on the date stated above.

22a. SIGNATURE Joseph W. Larimore M.D.	(Degree or title)	22b. ADDRESS 3720 Washington Ave	22c. DATE SIGNED Jan 13/55
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22a. BURIAL / CREMATION REMOVAL (Specify) BURIAL	22b. DATE 1/14/55	22c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	22d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. 1/14/55	REGISTRAR'S SIGNATURE Robert B. Ambrose	23. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ	ADDRESS 4828 Natural Bridge Blvd., GENERAL HOME, INC., St. Louis, 15, Missouri
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(Licensed Embalmer's Statement on Reverse Side)

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

1006

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 *John A. McLean*
Licensed Embalmer No. *418*
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.