

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 10490
1985

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Louis</u>		c. LENGTH OF STAY (In this place) <u>12 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City</u>		4336		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>6934 Delmar Blvd., 5</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kate</u> b. (Middle) _____ c. (Last) <u>Osthoff</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 27th, 1951</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 21st, 1877</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>6</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry J. Fehr</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Leich</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Osthoff</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If in, give war or (date of service)) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles Osthoff, 6934 Delmar Blvd., 5.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolus</u>			DUE TO (b) <u>Fracture of left hip</u>				<u>6 1/2 hours</u>
*This does not mean the mode of dying, such as heart failure, pneumonia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) _____				_____
ANTECEDENT CAUSES Mild conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			OTHER SIGNIFICANT CONDITIONS : <u>Hypertension and</u> <u>hypertensive Heart disease</u>				<u>Several years</u>
19a. DATE OF OPERATION <u>2-15-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture of Hip</u>			134		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., home, farm, factory, street, etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>University City, St. L. MO.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 15, 1951 - 7:15 a.m.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell on ice at home</u>					
22. I hereby certify that I attended the deceased from <u>Feb. 15, 1951</u> , to <u>Feb. 27, 1951</u> , that I last saw the deceased alive on <u>Feb. 27, 1951</u> , and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above. <u>21</u>							
23a. SIGNATURE <u>H. K. Macnease M.D.</u>			(Degree or title)		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>Feb. 27, 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/2/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>MAR 1 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanter</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F. Feutz, 4828 Natural Bridge Blvd.</u>		

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

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
Student Embalmer

Signed _____

Ralph C. Lindero

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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 this body is not embalmed, fact should be so stated above.