MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3383

1. PLACE OF DEATH

County ..... Registration District No. 72..

Township ..... Primary Registration District No. 1002

City St. Louis, Mo. (No. 5401 S. Broadway St. ..... Ward)

File No. .....

Registered No. 611

2. FULL NAME Eugene Obermeyer

(a) Residence. No. 5401 S. Broadway St., 15 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 17, 1927

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	3	0	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nil

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Theodore G. Obermeyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Dolma L. Newmann

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri

14. INFORMANT Theo G. Obermeyer (Address) 5401 S. Broadway

15. FILED 18, 19.. Max C. Hartley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 14, 19 31

17. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1930, to Jan 14, 1931, that I last saw him alive on 1/14, 1931, and that death occurred, on the date stated above, at 5:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

52 Sarcoma of Head (duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 52 (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Section 1 Pathological

(Signed) Julius Chen Ratter, M. D

Jan 15, 1931 (Address) 2603 Cherokee St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL SS. Peter & Paul

DATE OF BURIAL Jan. 16, 19 31.

20. UNDERTAKER Wacker-Hilderle

ADDRESS 2331 S. Brdwy.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.