

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

Do not use this space.

27130

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township St. Louis Primary Registration District No. 1000
 City St. Louis (No. 4679, Louisiana) St. 15 Ward 15

File No. _____
 Registered No. 8341
 St. _____ Ward _____

2. FULL NAME

Lynn E. Oberhaus
 (a) Residence, No. 4670 Louisiana St., 15 Ward.
 (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 26 1917</u>		
7. AGE	YEARS <u>14</u>	MONTHS <u>-</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Invalid</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>Walter Oberhaus</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Hallquist</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Walter Oberhaus</u> <u>4670 Louisiana</u>		
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>Maple Ridge</u>	DATE <u>Aug 1 1931</u>
19. UNDERTAKER (ADDRESS) <u>Wm. Schumacher & Co.</u> <u>3013 Marquette St.</u>		
20. FILED	19 <u>31</u>	Registrar <u>Walter Oberhaus</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1931

22. I HEREBY CERTIFY, that I attended deceased from 7/25 1931 to 7/30 1931
 I last saw him alive on 7/25 1931 Death is said to have occurred on the date stated above, at 12:25 p.m.
 The principal cause of death and related causes of importance were as follows:
Speritic Paraplegia
 Date of onset 8/18

Other contributory causes of importance:
81

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Albert Wade, M. D.
 (Address) 3152 S. Grand

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.

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