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.

REC'D MAR 13 1939

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

Do not use this space. 4735

791

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. City Hospital No.1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 1003
Primary Registration District No.
Registered No. 1428

D. 16248 16 3

2. PRINT FULL NAME Suzanna Obert
(a) Residence, No. 4746 Alabama St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Valentine Obert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10, 1860
7. AGE YEARS 79 MONTHS 0 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. nil
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

FATHER
13. NAME John Brunner 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Helen Keller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hosp. Info M.Kent
18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset DATE Feb. 15 1939
19. FUNERAL DIRECTOR (NAME) Wacker-Helderle
(ADDRESS) 2331 S. Broadway
20. FILED FEB 14 1939 J. F. Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/12/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/6/39, 19, to 2/12/39, 19
I last saw her alive on 2/12/39, 19. Death is said to have occurred on the date stated above, at 8.45 p.
The principal cause of death and related causes of importance were as follows:

Hypertension
Enlargement of heart
95 b2

Date of onset

Other contributory causes of importance:
Pulmonary edema
Non tubercular
no Pneumonia

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

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?
If so, specify
(Signed) Jas Z Davis, M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

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, ...
Frank J. Thyland Jr., or by .....

Registered Apprentice No. ....., working under my personal supervision.

Signed Frank J. Thyland

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.