

13-40  
7-39  
X22159

438890

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 2296

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis Rch Hgts

(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT FULL NAME Louisa Obert

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Joseph G. Obert

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased April 18, 1881  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>59</u>	<u>7</u>	<u>15</u>	____ hr. ____ min.

9. Birthplace Hungaria  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Klenota

13. Birthplace Hungaria  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Jos. G. Obert

(b) Address 6218 Chippewa, St. Louis, Mo.

17. (a) Burial (b) Date thereof 12-6-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director C. Hoffmeister

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) DEC 6 1940 (b) [Signature]  
(Decree of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 6218 Chippewa Street  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 41 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3rd  
year 1940 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from 9-25-1940 to 12-3-1940; that I last saw her alive on 12-3-1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Mitral Stenosis (Rheumatic)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy Old Mitral Stenosis = Myocardial Degeneration

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 3104 Woodmeyer Date signed 12-5-40

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

Dr. O. P. J. Falk,  
3604 Washington Ave.,  
St. Louis, Mo.  
Je. 1800 - 12 Noon.

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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.....

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

Signed

*Edwin H. Lechinger*

Licensed Embalmer No. 4049

P. O. Address 6464 Chippewa Street  
St. Louis, Missouri

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

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