

No. 2-
4-13-40
-17-39
I 22

FEB 14 1941

Registration District No. **784**

Primary Registration District No. **210**

Registrar's No. **210**

1. PLACE OF DEATH: **St. Louis County**
 (a) County **St. Louis**
 (b) City or town **Gravois**
 (c) Name of hospital or institution: **9058 Rosemary**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **22 years**
 In this community **22 years**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis**
 (c) City or town **Gravois**
 (If outside city or town limits, write "RURAL")
9058 Rosemary
 (d) Street No. **9058 Rosemary**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **Mr. Norval Oberbeck**
 3. (b) If veteran, name war **0**
 3. (c) Social Security No. **493-03-2079**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Single**
 6. (c) Age of husband or wife if alive **17** years
 7. Birth date of deceased **Sept. 17 1918**
 (Month) (Day) (Year)

8. AGE: **22** Years **4** Months **11** Days
 If less than one day hr. min.

9. Birthplace **St. Louis Mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Steno & Typist**
 11. Industry or business **Unemployed**

MOTHER FATHER
 12. Name **Fred H. Oberbeck**
 13. Birthplace **St. Louis Mo.**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Viola Freilvogel**
 15. Birthplace **St. Louis Mo.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Fred H. Oberbeck**
 (b) Address **9058 Rosemary**

17. (a) **Burial** (b) Date thereof **1-31-41**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **St. John's Cem.**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**
 (b) Address **2223 St. Louis Ave.**

19. (a) **JAN 29 1941** (b) **R. Meyer**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Jan** day **28**
 year **1941** hour minute M.

21. I hereby certify that I attended the deceased from **Nov 5** 19 **40** to **Jan 18** 19 **41**
 that I last saw him alive on **Jan 27** 19 **41**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Arterio-sclerotic**
myocardial infarction

Due to **Arterio-sclerotic** 1 year

Due to **ruptured coronary** year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **9/2**
 Of autopsy

Duration
 1 1/2 years
 1 year
 year
 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 **Gunshot**

23. Signature **Arthur S. ...** (M. D. or other)
 Address **220 University** Date signed **1/28/41**

WRITE PLAINLY—USE 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.....

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

Signed

John C. Buchholz
Licensed Embalmer No. *1674*
P. O. Address *2223 St. Paul*

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.