

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7667

FILED OCT 18 1941

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess Hospital /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hours.
(Specify whether _____)
In this community 62 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 16. 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3856a Juniata St.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Barbara G. Obmann

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Peter Obmann 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 31, 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 8 20 hr. _____ min.

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

10. Usual occupation Housework.

11. Industry or business _____

12. Name Keller

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

14. Maiden name Unknown.

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

16. (a) Informant Peter Obmann
(b) Address 3856a Juniata St.

17. (a) Burial (b) Date thereof Sept. 24, 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Benedict - Niehaus
(b) Address 1431 Union Blvd.

19. (a) SEP 23 1941 (b) J. T. Bredich
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
year 1941 hour 7 minute a M.

21. I hereby certify that I attended the deceased from July 1
1938 to Sept 21 1941
that I last saw her alive on Sept 20 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis 20 hours

Due to Arterio-Sclerosis 18 yrs
General

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, all 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) _____
Means of injury _____

23. Signature Ray Simpson (M. D. or other) Dr D
Address St Louis Date signed 9/23/41

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

0
7
9

3832 Washington

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 Allen Davis

Licensed Embalmer No. 408 ✓

P. O. Address.....

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

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