. No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7878

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 496

1. PLACE OF DEATH:

(a) County ST. LOUIS COUNTY

(b) ~~City~~ or town MANCHESTER MO. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: MANCHESTER NURSING HOME (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 105 DAYS (Specify whether

In this community 60 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town MANCHESTER (If outside city or town limits, write "RURAL")

(d) Street No. MANCHESTER NURSING HOME (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BARBARA OBERMEYER

3. (b) If veteran, name war NIL

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of ~~husband~~ or wife OF JOHN OBERMEYER

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

7. Birth date of deceased SEPT (Month) 29 (Day) 1862 (Year)

8. AGE: Years 79 Months 5 Days 3 If less than one day hr. min.

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

10. Usual occupation HOUSE WORK

11. Industry or business NONE

FATHER
12. Name WM. SCHORK-GERMANY
13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name UNKNOWN GERMANY
15. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant John Obermeyer

(b) Address 1508 Salisbury St.

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof MAR. 5-42 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ CALVARY CEM.

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20 St. St. Louis Mo.

19. (a) MAR - 3 1942 (Date received local registrar) (b) E. G. McHarron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR. day 2 year 1942 hour 9 0.5 minute P. M.

21. I hereby certify that I attended the deceased from 1 - 1 1942 to 3 - 2 1942 that I last saw her alive on 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	yrs.
Due to Asthma	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death) 93 d	

Major findings:
Of operations
Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature C H Denny (M. D. or other) MD

Address ~~3-3~~ 611 Olive, St. Louis Mo. Signed 3-3-42

707

(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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed. Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address. 5934 Alpha

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.