S. No. 2
I—9-4-41
r. 5-17-39
I X29484

AUG 3 1942

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19046

Registration District No. 784 Primary Registration District No. 661 Registrar's No. 1188

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights (If outside city or town limits, write "RURAL" and name of township) 4
(c) Name of hospital or institution: Mosier Convalescent home 7307 Hoover Ave (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days) In this community Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 98
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 3
(d) Street No. 2905a Harper St. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME August W. Oberrieder
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced 2 Widower
6. (b) Name of husband or wife Mary Oberrieder nee Heimburger
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased June 18, 1858 (Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 10 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Meat cutter
11. Industry or business

FATHER
12. Name William Oberrieder
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Europe 6 (State or foreign country)

16. (a) Informant Clarence J. Oberrieder
(b) Address 2905a Harper St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/30/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) MAY 29 1942 (Date received local registrar) (b) C. G. McGarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28, year 1942 hour 5:00 AM minute ..... M.
21. I hereby certify that I attended the deceased from about 1 mo that I last saw h..... alive on ....., 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to

Due to

Other conditions 9361 (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, 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? 0 (Specify type of place)
While at work? (e) Means of injury

23. Signature Matt J. Crane (M. D. or other) M D
Address 5738 W Florissant Date signed 5-28-42

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(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 Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address St Louis Mo.

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.