

FILED NOV 16 1942 18

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9238

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3606 Humphrey Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **Life**
years, months or days) (Specify whether)

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..... **3606 Humphrey St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... **Charles L. Obert**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex..... **Male** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Adele Obert** 6. (c) Age of husband or wife if alive..... **58** years

7. Birth date of deceased..... **September 4 1882**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 2 0 hr. min.

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

10. Usual occupation.....

11. Industry or business..... **Real Estate & Insurance**

MOTHER FATHER

12. Name..... **Louis Obert**

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

14. Maiden name..... **Elizabeth Kalb**

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

16. (a) Informant..... **Adele Obert**

(b) Address..... **3606 Humphrey**

17. (a) **Burial** (b) Date thereof..... **11 7 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **New St. Marcus**

18. (a) Signature of funeral director..... **Hacker-Nelbels Und. Co.**

(b) Address..... **3634 Gravois Avenue**

19. (a) **NOV 5 1942** (b) **J. F. Budeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **NOV** day..... **4**
year..... **1942** hour..... **5** minute..... **20** A. M.

21. I hereby certify that I attended the deceased from..... **1932**..... 19..... to..... **1/4**..... 19..... **42**
that I last saw him alive on..... **1/4/42**..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Chronic myocarditis ✓
arteriosclerotic nephritis
bronchitis
decubal ulcer
Due to.....

Duration
3 yrs
1/2 yr
many years
16 yrs.

Other conditions.....
(Include pregnancy within 3 months of death)

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?

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature..... **J. Smoskup** (M. D. number).....

Address..... **3554 VICTOR ST** Date signed..... **1/4/42**

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

JUN 24 1960

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 Robert Wheeler
Licensed Embalmer No. 2178
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.