

JAN 21 1943 318

State File No.

377

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1295
(If outside city or town limits, write "RURAL") 925
(d) Street No. 310 Walnut St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles Adolph Omberg

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

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

6. (b) Name of husband or wife Patricia Omberg 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Feb. 1 1883 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 11 7 hr. min.

9. Birthplace Unknown Norway 4 (City, town, or county) (State or foreign country)

10. Usual occupation Garage Operator

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Thomas Brady Dept. Ad
(b) Address Civil Courts Bldg.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-14-43 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) JAN 14 1943 (Date received local Registrar) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8 year 1943 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from 1/7/43 to 1/8/43 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac Decompensation due to myocarditis both acute and chronic
Fibrillation
Due to Chx Myocarditis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93
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?

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

23. Signature C. H. Nelson (M. D. or other)
Address Humboldt Bldg Date signed 1/16/43

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.....

Fred Frick

Licensed Embalmer No..... 3186.....

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.