

23329

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

6172

S. No. 2
M-2.43
5-17-39
I X3589

FILED JUL 17 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

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:
Mo. Baptist
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Weeks
(Specify whether years, months or days)

In this community 12 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Millie Mildred Obermeyer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife William

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

7. Birth date of deceased April 28th 1883
(Month) (Day) (Year)

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

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Christopher Keen

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

14. Maiden name Emma Attaberry

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

16. (a) Informant Susan Schrum

(b) Address 2818 Lafayette Ave.

17. (a) Burial (b) Date thereof 7 / 7 / 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) JUL 7 1943 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

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. 2818 Lafayette
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 6
year 43 hour 12 minute 15 A- M.

21. I hereby certify that I attended the deceased from May 28 1943, to July 6 1943
that I last saw her alive on July 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Sarcoma liver (metastatic)
Duration 4 months

Due to _____

Due to _____

Other conditions: Acute Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Sarcoma liver
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)

(e) Means of injury _____

23. Signature W. S. [unclear] (M. D. _____)
Address 3758 Lafayette Date signed July 43

WRITE PLAINLY—USE UNFADING 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 L. R. Cause
Licensed Embalmer No. 3633
P. O. Address 2317 Lafayette

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.