

FILED NOV 1 1943 318

Registration District No. _____ Primary Registration District 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:
3221 North Dakota
(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 **Mo.** (b) County _____
(c) City or town **St. Louis** **Dakota**
(If outside city or town limits, write "RURAL")
(d) Street No. **3221 North Dakota**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Frieda Oberer**

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

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

6. (b) Name of husband or wife **Gottlieb Oberer** 6. (c) Age of husband or wife if alive **84** years

7. Birth date of deceased **December 24 1867**
(Month) (Day) (Year)

8. AGE: Years **75** Months **9** Days **26** If less than one day hr. _____ min. _____

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

10. Usual occupation **Housewife**

11. Industry or business { 12. Name **Unknown Ziegler**

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

14. Maiden name **Marie Unknown**

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

16. (a) Informant **Gottlieb Oberer**

(b) Address **3221 North Dakota**

17. (a) **Burial** (b) Date thereof **10/22/43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **W. Schumacher**

(b) Address **3013 Meramec**

19. (a) **OCT 22 1943** (Date received local registrar)
J. J. Buddeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **20**
year **1943** hour **12** minute **40 P.** M.

21. I hereby certify that I attended the deceased from **Feb - 1942** to **Oct. 20 - 1943**
that I last saw her alive on **Oct. 19 - 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**
Chronic Mitral Endocarditis 2 yrs.

Due to _____
Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 **Roman J. Strang** (M. D. or other) **M.D.**
Address **4500 Virgil** Date signed **10-21-43**

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

MOTHER - FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

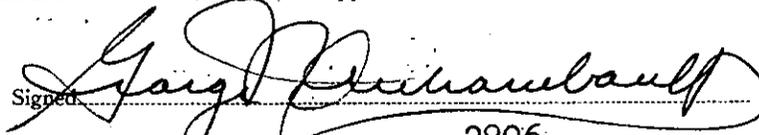
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. XXXXXXXX

working under my personal supervision.

Signed



Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

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.