S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

5813

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6862

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 18

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92
(c) City or town St. Charles (If outside city or town limits, write "RURAL") 9
(d) Street No. 1928 North Third (If rural, give location) 3
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Frank Oberle

3. (b) If veteran, name war NIL

3. (c) Social Security No. 489-09-9917

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Dora Marie(Koch)Oberle

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased December 3 1879 (Month) (Day) (Year)

8. AGE: Years 66 Months 1 Days 12 If less than one day hr. min.

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

10. Usual occupation Steel Finisher

11. Industry or business American Car & Fdy Co

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Frank Oberle - Wife
(b) Address 1928 N. 3rd-St.Charles, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Jan 17-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove-St.Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co
(b) Address 800 N. 2nd-St.Charles, Mo.

19. (a) Jan 18/46 (Date received local registrar) (b) Fannie Hamilton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15 year 1946 hour 4:40 minute A.M.

21. I hereby certify that I attended the deceased from December 9, 1944, to January 15, 1946 that I last saw him alive on January 15, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Cardiac Decompensation	1 yr.
Due to Coronary Sclerosis	?
Coronary Heart disease	?
Due to Generalized Arteriosclerosis	?
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: No	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. A. Hayden, MD (M. D. or other)
Address St. Charles, Mo. Date signed 1/16/46

284 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-15-46

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 Philip A. Miceli, Registered Apprentice No. 388, working under my personal supervision.

Signed John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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.