DEPARTMENT OF COMMERCE
FILED DEC 23 1946
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42791

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10928

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:
Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days)
In this community Joseph F. Obernier.

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. 5419 Algernon Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph F. OBERNIER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Caroline D. Obernier

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

7. Birth date of deceased March (Month) 16 (Day) 1862 (Year)

8. AGE: Years 84 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Banker

FATHER
12. Name Peter Obernier
13. Birthplace Alsace Loraine (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Frances Gerdes
15. Birthplace unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Edgar H. Obernier
(b) Address 7745 Kingsbury Blv'd., U. City

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-23-46. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar blvd., St. Louis

19. (a) DEC 20 1946 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 year 1946 hour 4 minute 00 P. M.

21. I hereby certify that I attended the deceased from Dec. 4, 1946 to Dec. 19, 1946 that I last saw him alive on December 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	
Due to arteriosclerotic heart disease	
Due to G.P.	
Other conditions (Include pregnancy within 3 months of death) Generalized arteriosclerosis	
Structure and sphincter	

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

23. Signature F. R. Bradley (M. D. or other)
Address Barnes Hospital. Date signed 12-19-46

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond L. Horn

Licensed Embalmer No. 4330

P. O. Address Maplewood

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.