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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 9 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

15494
State File No.
Registrar's No. 4300

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(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 Ste. Genevieve
(c) City or town Ste. Genevieve
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Oberle
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife August Oberle 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 23 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 26
year 1947 hour 10 minute 10 A. M.
21. I hereby certify that I attended the deceased from 4-10-1947 to 4-26-1947
that I last saw her alive on 4-25-1947
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 1 Days 2 If less than one day _____ hr. _____ min.

Immediate cause of death Cerebral thrombosis
Due to _____
Due to Arterio Sclerosis
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Ste. Genevieve County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

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

16. (a) Informant Mrs. William Oberle

(b) Address Ste. Genevieve, Missouri

17. (a) Burial (b) Date thereof 4/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ste. Genevieve, Mo

18. (e) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) APR 27 1947 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

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) _____ Means of injury _____
23. Signature Carl Stein (M. D. or other) _____
Address Summit Hill, Mo Date signed 4-26-47

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

NOV 9 9 45 AM '57

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..... *J. Allen Daniels*
Licensed Embalmer No: *4537*
P. O. Address..... *H. Lane*

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.