. S. No. 2
OM—1/47
et. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 33334

Registrar's No. 2636

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Rural Wellston (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Vincent's Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1 month 13 days
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4000 A Sullivan (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MR. WILLIAM OBERRIEDER
3. (b) If veteran, name war: World War 1
3. (c) Social Security No. 494-24-6485
4. Sex: M.
5. Color or race: W.
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Ruth Oberrieder
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: Feb. (Month) 28 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
55	7	1	hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Grocerman
11. Industry or business:
FATHER 12. Name: William Oberrieder
13. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER 14. Maiden name: Minnie Whiehn
15. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Ruth Oberrieder
(b) Address: 4000 A Sullivan
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10/2/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery
18. (a) Signature of funeral director: Paschedag-Henke
(b) Address: 2825 N. Grand
19. (a) 10-2-47 (Date received local registrar) (b) Beulah Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 29 year 1947 hour 8:22 minute A.M.
21. I hereby certify that I attended the deceased from 8-16-47, 19..., to 9-27-47, 19...; that I last saw him alive on 9-27-47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopenumonia	Duration 1 wk.
Due to: 107	
Due to:	
Other conditions: Psychosis c̄ Cerebral Arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): No
(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: W B [illegible] (M. D. or other)
Address: Date signed

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 1947

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 G. W. Wilkins

Licensed Embalmer No. 3575

P. O. Address .....

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.