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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34530**
Registrar's No. **9614**

Registration District No. **318** Primary Registration District No. **WU3**

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:
Vahle Manor 5904 Cates Ave. /
(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)

3. (a) PRINT FULL NAME **FRANCES L. OBERBECK**
3. (b) If veteran, name war **None** 3. (c) Social Security No.

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years
7. Birth date of deceased **Dec. 23 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 9 hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business.....

MOTHER FATHER { 12. Name **Christian Oberbeck**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Frances Schaa**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Oliver Oberbeck**
(b) Address **5904 Cates Ave.**

17. (a) **Burial** (b) Date thereof **11 5 48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cem.**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**

(b) Address **4228 S. Kingshighway Bl.**

19. (a) **NOV 4 1948** (b) **J. B. Laster**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5904 Cates Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **2**
year **1948** hour **11:30** minute..... P. M.

21. I hereby certify that I attended the deceased from.....
1947 to **Nov 2** 1948;
that I last saw her alive on **Nov 1** 1948
and that death occurred on the date and hour stated above.

Immediate cause of death **MYOCARDIITIS CHRONICA**
Duration.....

Due to.....
Due to.....

Other conditions **ARTERIO-SCLEROSIS**
(Include pregnancy within 3 months of death)

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?

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

23. Signature **Charles J. Laster** (M. D. or other).....
Address **812 Althea Blvd** Date signed **11/4/48**

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

812 Stone, 1-7-2000

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 Richard W. Stone

Licensed Embalmer No. 4007

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.