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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED DEC 8 1948
Registration District No. 1003

38492
State File No. 10285
Registrar's No. 1003
FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No. 1003

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

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, D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County over 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4916 Gresham Ave.
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Eugenia Obermeyer
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 Widow 2
6. (b) Name of husband or wife Late Joseph
6. (c) Age of husband or wife if alive 9 years
7. Birth date of deceased Aug. 9 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 16 hr. min.

9. Birthplace France S
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

12. Name Joseph Kieffer

13. Birthplace France S
(City, town, or county) (State or foreign country)

14. Maiden name Monica Haas

15. Birthplace France S
(City, town, or county) (State or foreign country)

16. (a) Informant Eugenia M. Obermeyer

(b) Address 4916 Gresham Ave.

17. (a) Burial (b) Date thereof 11-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS PETER & PAUL CEM.

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

(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 27 1948 (b) J. B. Lucater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25
year 48 hour 10 minute - am.
21. I hereby certify that I attended the deceased from 11-2-48
to 11-25, 1948,
that I last saw her alive on 11-25, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 1/2 days
Due to unknown etiology
Due to.....

Other conditions Hemiplegia Rt. Anterior, etc.
Major findings: Acute myocardial infarction
Chronic C.V. disease; Calcific atherosclerosis
Of operations.....
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?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

23. Signature FR Mueller (M. D. or other)
Address Barnes Hospital Date signed 11/25/48

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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 *Edwin A. Mc Dermott*

Licensed Embalmer No. *3024*

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.