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FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18153

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1007

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 23	c. LENGTH OF STAY (in this place) 1	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 23	
d. FULL NAME OF HOSPITAL OR INSTITUTION 446 Sappington Road		d. STREET ADDRESS (If rural, give location) 446 Sappington Rd	

3. NAME OF DECEASED (Type or Print) a. (First) Minnie	b. (Middle)	c. (Last) Obermeyer	4. DATE OF DEATH (Month) (Day) (Year) April 29, 1949
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 24, 1870	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Month(s) 10 Days 5	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Theodore Friedmeyer	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Hanna Friedmeyer, Ohio	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cerebral concussion, severe Subdural hematoma - l. parietal Laceration of cerebellum, Rt.	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)	2 days 8982
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovasc. Disease		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 186a	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 446 Sappington Rd Lemay - we
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 27 1949 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? fell from porch after being struck
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22. I hereby certify that I attended the deceased from **4-27**, 19**49**, to **4-29**, 19**49**, that I last saw the deceased alive on **4-29**, 19**49** and that death occurred at **10:45** m., from the causes and on the date stated above.

23a. SIGNATURE R. R. Cole	(Degree or title) M.D.	23b. ADDRESS 601 So. Brentwood, Clayton	23c. DATE SIGNED 4-30-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5-2-49	24c. NAME OF CEMETERY OR CREMATORY St. Johns	24d. LOCATION (City, town, or county) (State) Mehlville, Mo.
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DATE REC'D BY LOCAL REG. 4-30-49	REGISTRAR'S SIGNATURE Thurmond L. Lamm	25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co., 7420 Michigan	ADDRESS
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(Licensee/Embalmers' Statement on Reverse Side)

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed FE Mann

Licensed Embalmer No. 3360

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.