

FILED FEB 17 1950  
107020

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6563  
1191

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) 1 Month		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		218			
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1.				d. STREET ADDRESS (If rural, give location) 10- 4275a St. Louis Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) FRED			b. (Middle) OBERBECK			c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) February 4, 1950		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 19th, 1891	
9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months 2		IF UNDER 1 YEAR Days 15		IF UNDER 1 HR. Hours		Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Milkman			10b. KIND OF BUSINESS OR INDUSTRY St. Louis Dairy Co.			11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Oberbeck			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Viola Oberbeck nee Freivogel			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. One		17. INFORMANT'S SIGNATURE OR NAME Viola Oberbeck, 4275a St. Louis Ave.					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 Days</i>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <i>Presenile Sclerosis</i>				<i>3 Yrs.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis</i>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>A/500</i>					
22. I hereby certify that I attended the deceased from <u>1/4/50</u> , 19 <u>  </u> , to <u>2/4/50</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>2/4/50</u> , 19 <u>  </u> , and that death occurred at <u>3:15am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <i>Clara Taylor M.D.</i>				(Degree or title)		23b. ADDRESS <i>1420 Grattan Ave</i>		23c. DATE SIGNED <i>2/4/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>2/7/50</i>		24c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri			
DATE REC'D BY LOCAL REG. FEB 7 1950		REGISTRAR'S SIGNATURE <i>J. B. Fasater</i>			25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd				

(Licensed Embalmer's Statement on Reverse Side)

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

*[Handwritten signature]*

**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 Ralph C. Linders

Licensed Embalmer No. 7275

P. O. Address St. Louis, Mo.

**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.