

FILED DEC 1 1950

STANDARD CERTIFICATE OF DEATH

State File No. **38882**  
**9520**

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)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		a. STATE <b>Missouri</b> b. COUNTY	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros Hosp.</b>		2. STREET ADDRESS (If rural, give location) <b>4816 Terrace</b>	

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	<b>Elmer R.</b>	<b>Obrist</b>		<b>Nov. 19, 1950</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jul. 26, 1889</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 MIN. Hours Min.
				<b>61</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Anheuser Busch</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>	12. CITIZENRY OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>The. Obrist</b>	13b. MOTHER'S MAIDEN NAME <b>Katherine Laughlin</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha C. Obrist</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Bertha Obrist</b>	ADDRESS <b>4816 Terrace</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES			
	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.		
		<b>Enteritis, Acute, General, involving appendix, Shock</b>		<b>4 days</b>
		<b>Myocarditis, chronic, &amp; secondary failure</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
<b>X</b>		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
<b>5:55 P.M.</b>		<b>57711</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19**46**, to **Nov. 19**, 19**50**, that I last saw the deceased lying on **Nov. 19**, 19**50**, and that death occurred at **8 a.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Sam B. Rawlett, M.D.</b>	(Degree or title)	23b. ADDRESS <b>1200 S. Big Bend Blvd.</b>	23c. DATE SIGNED <b>Nov. 20, 1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>11-22-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis</b>
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DATE REC'D BY LOCAL REG. <b>NOV 20 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Farar</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Southern Funeral Home</b>	ADDRESS <b>6322 S. Grand Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....  
Student Embalmer No.....  
*David Van Prosser*

Licensed Embalmer No. *4242*

P. O. Address *6322 So General*

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.