

THE CITY OF ST. LOUIS
STANDARD CERTIFICATE OF DEATHState File No. 28587
7420

FILED SEP 1 1951

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 <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u> <u>2109</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute to City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>4128 Carter Avenue</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>W.</u> c. (Last) <u>Oberbeck</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August, 18, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June/11/1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Paper Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min. <u>67</u>
11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Oberbeck</u>		13b. MOTHER'S MAIDEN NAME <u>Stocklas</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Carrie Oberbeck</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Carrie Oberbeck, 4128 Carter Ave.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> <u>2nd attack</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerotic heart</u> DUE TO (c) <u>Early senile changes</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u> <u>3 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? <u>H20'D</u>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>46</u> , to <u>Aug 12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>July 8</u> , 19 <u>51</u> , and that death occurred at <u>1:20 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Joseph H. Davie</u> (Degree or title)		23b. ADDRESS <u>906 Olive St</u>	
23c. DATE SIGNED <u>8-20-51</u>		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/22/1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lake Wood Park Cemetery</u>		24d. LOCATION (City; town, or county) (State) <u>St. Louis, Mo.</u>	
DATE RECD BY LOCAL REG. <u>AUG 20 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son Inc.</u>		ADDRESS <u>2161 E. Fair Ave.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

3

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 _____

Glen W. Nash

Licensed Embalmer No. _____

3737

P. O. Address _____

St. Louis, Miss.

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.