

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4466 State File No. **15120**

No. 300 FILED APR 19 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4467 Registrar's No. 1010

1. PLACE OF DEATH a. COUNTY Saint 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 Shrewsbury		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shrewsbury	
c. LENGTH OF STAY (In this place) Unknown		H/561	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7707 Sutherland Avenue, 19.		d. STREET ADDRESS (If rural, give location) 7707 Sutherland Avenue, 19, 0	

3. NAME OF DECEASED (Type or Print)	a. (First) Annie	b. (Middle) May	c. (Last) Oberkfell	4. DATE OF DEATH (Month) (Day) (Year) April 14th, 1952
-------------------------------------	-------------------------	------------------------	----------------------------	---

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 1st, 1879	9. AGE (In years last birthday) 72	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
----------------------	-------------------------------	---	---------------------------------------	---	-----------------------	---------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Ohlman, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	---

13a. FATHER'S NAME Francis Clark	13b. MOTHER'S MAIDEN NAME Malvinia Powell	14. NAME OF HUSBAND OR WIFE Joseph Oberkfell
---	--	---

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. None	17. INFORMANT'S SIGNATURE OR NAME Harold Oberkfell, 7707 Sutherland Ave., 19	ADDRESS
--	-------------------------------------	---	---------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c) Generalized Arteriosclerosis		
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	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., sea)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Jan, 1952, to 4/14/52, 1952, that I last saw the deceased alive on 4/14/52, 1952, and that death occurred at 4:40P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 539. N. Grand.	23c. DATE SIGNED 4/15/52
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/17/52	24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. 4-16-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.	ADDRESS
---	--	--	---------

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

2007 OCT 10 10 10 AM

Hours 2:00 P. M. to 5:00 P. M. (Tuesday
Sure)

FILE IN ST. LOUIS COUNTY.

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 *John A. Mlenar*

Licensed Embalmer No. *4186*

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.