

MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18378

State File No.

318

1003

4045

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		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) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>12 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2209</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CITY INFIRMARY HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>20 2560 Warren St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>		b. (Middle) _____		c. (Last) <u>OBERREITHER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 29 1952</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widower</u>		8. DATE OF BIRTH _____			
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Hours _____		IF UNDER 15 MIN. Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>		
13a. FATHER'S NAME <u>Anton Oberreither</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Schott</u>			14. NAME OF HUSBAND OR WIFE <u>Widower</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>City Infirmary Records 5800 Arsenal St.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH _____	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Rectum</u>				ANTECEDENT CAUSES _____				DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS _____	
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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? <u>154X</u>							
22. I hereby certify that I attended the deceased from <u>Apr. 17</u> , 19 <u>52</u> , to <u>April 29</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Apr. 29</u> , 19 <u>52</u> , and that death occurred at <u>5:30A m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>George Esker, M.D.</u>				23b. ADDRESS <u>5600 Arsenal St.</u>		23c. DATE SIGNED <u>4/29/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5/1/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>			
DATE REC'D BY LOCAL REG. <u>APR 30 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William J. Sullivan</u>		ADDRESS <u>2849 N. Euclid Ave</u>			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert L. Burkman

Licensed Embalmer No. 3553

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.