

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 22871

JUL 5 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 1642

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City		c. LENGTH OF STAY (In this place) 2 Yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7363 Olive St. Rd.		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City	
		d. STREET ADDRESS (If rural, give location) 7363 Olive St. Rd.	
3. NAME OF DECEASED (Type or Print) a. (First) ROSE b. (Middle) E. c. (Last) OEBELS			4. DATE OF DEATH (Month) (Day) (Year) June 17 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 6, 1883
9. AGE (In years last birthday) 69		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Belleville, Ill.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Part Time Dress Maker & Housework		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob Voellinger		13b. MOTHER'S MAIDEN NAME Christine Unknown	
14. NAME OF HUSBAND OR WIFE Late Charles A. Oebels		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 488-16-7739		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Harry W. Oebels 4117a Michigan 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) unknown natural causes INTERVAL BETWEEN ONSET AND DEATH 1 wk 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7955	
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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at 8:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Herbert R. Domke (Degree or title) Registrar		23b. ADDRESS 651 S. Brentwood, Clayton	
23c. DATE SIGNED 6-19-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jun. 21, 1952	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG 6-18-52		REGISTRAR'S SIGNATURE Herbert R. Domke MD	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Kriegshauser 4228 S. Kingshighway Bl	

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 *Edwin A. A. Bernatt*

Licensed Embalmer No. *3024*

P. O. Address

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.