

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43149

State File No. ....

FILED DEC 30 1952  
12-30-52

BIRTH NO. .... REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3006 Registrar's No. 299

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> CITY OR TOWN <u>City of St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>10 Mos.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Wabash Employes' Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>1106 Bissell</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HENRY</u>	b. (Middle) <u>LEO</u>	c. (Last) <u>OBERMUELLER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17, 1952</u>
-------------------------------------	-------------------------	------------------------	------------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 12, 1878</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Month <u>11</u> Days <u>5</u>	IF UNDER 1 YEAR Hours <u></u> Min. <u></u>
--------------------	-------------------------------	--	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Engineer (Retired)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Zell. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	---	---

13a. FATHER'S NAME <u>Charles Obermueller</u>	13b. MOTHER'S MAIDEN NAME <u>Cecelia Kempf</u>	14. NAME OF HUSBAND OR WIFE
---	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>702-05-0967</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Obermueller, St Louis, Mo.</u>	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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>years</u> <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Anaerobic infection, right foot.</u>			

19a. DATE OF OPERATION <u>12/12/52</u>	19b. MAJOR FINDINGS OF OPERATION <u>Anaerobic infection, right foot.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	--

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. 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 Feb. 3, 1952 to Dec. 17, 1952 that I last saw the deceased alive on Dec. 17, 1952, and that death occurred at 4:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph Obermueller</u> (Degree or title)	23b. ADDRESS <u>415 Woodland Avenue</u>	23c. DATE SIGNED <u>12/18/52</u>
--	---	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-18th-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>Dec 18-52</u>	REGISTRAR'S SIGNATURE <u>Richard E. Lowe</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mahan and Son, Moberly, Mo.</u>	ADDRESS
---	--	---	---------

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

83  
0

JAN 16 1953

JAN 5 1953

**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 Frank D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.