

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11938

State File No.

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 500 Registrar's No. 710

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. John's Station)		c. LENGTH OF STAY (In this place) 1 Mo	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 2326 Emblance Ave Rugh Manor Nursing Home		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 2631 S. 12th St		2237/1	

3. NAME OF DECEASED (Type or Print) a. (First) Wm.	b. (Middle) A.	c. (Last) Obert	4. DATE OF DEATH (Month) (Day) (Year) March 14 1956
--	-----------------------	------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 17 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	-------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brewer	10b. KIND OF BUSINESS OR INDUSTRY Brewery	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	--

13a. FATHER'S NAME Louis Obert	13b. MOTHER'S MAIDEN NAME ? Kuhs	14. NAME OF HUSBAND OR WIFE CeCelia Bauer Dec
---------------------------------------	---	--

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. Dont Know	17. INFORMANT'S SIGNATURE OR NAME Wm. F. Obert ADDRESS Columbus Ohio
--	--	--

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 1 month unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thromboses (multiple)		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart disease DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		4200	

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., 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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from April 5, 1954 to March 14, 1956, that I last saw the deceased alive on March 13, 1956, and that death occurred at 5:00 A.M. from the causes and on the date stated above.

23a. SIGNATURE Leona Littenmann MD (Degree or title)	23b. ADDRESS 9231 Clayton Rd (17)	23c. DATE SIGNED 3/14/56
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 16 1956	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemety	24d. LOCATION (City, town, or county) (State) St. Louis County Mo
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. 3-15-56	REGISTRAR'S SIGNATURE Herbert B. Romberg	25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros ADDRESS 2201 S. Grand Blvd.
---	---	---

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.....
Signature of Student Embalmer

Signed *Francis J. Wyland Jr*
Licensed Embalmer No. *25*
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.