

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **87038**

BIRTH NO. _____		REG. DIST. NO. <b>310</b>		PRIMARY REG. DIST. NO. <b>3058</b>		Registrar's No. <b>246</b>	
1. PLACE OF DEATH a. COUNTY <b>St Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence/before a. STATE <b>Missouri</b> b. COUNTY <b>St Charles</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Charles</b>		c. LENGTH OF STAY (in this place) <b>4 hrs</b>		c. CITY OR TOWN <b>St Charles</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>St Joseph Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>Rural Rt 2</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Infant</b> b. (Middle) _____ c. (Last) <b>Oberdick</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 22 1957</b>				
5. SEX <input type="radio"/> Male <input type="radio"/> Female	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Oct. 22 1957</b>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St Charles Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>O. E. Oberdick Jr</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Noah</b>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>O. E. Oberdick St Charles Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity (5 months gestation)</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. 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. <b>776X</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 <b>OCT. 22, 1957</b> , to <b>OCT. 22, 1957</b> , that I last saw the deceased alive on <b>OCT. 22, 1957</b> , and that death occurred at <b>10:00</b> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>L. P. C. G. H. M.D.</b>				23b. ADDRESS <b>St. Charles, Mo.</b>		23c. DATE SIGNED <b>OCT. 22, 1957</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct. 22 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove</b>		24d. LOCATION (City, town, or county) (State) <b>St Charles Mo</b>		
DATE REC'D BY LOCAL REG. <b>OCT. 22 57</b>		REGISTRAR'S SIGNATURE <b>Maureen Wilson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Arthur C. Bane St. Charles Mo</b>			

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

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**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.

*Not Embalmed*

Student .....  
Signature of Student Embalmer

Signed *Arthur C. Base* .....  
Licensed Embalmer No. *2157*

P. O. Address *St. Charles* .....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**