MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35280

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis Mo (No. ..... St. ..... Ward)

File No. ..... Registered No. 10460

2. FULL NAME Josephine Obies

(a) Residence. No. 1714 S. 10th St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. — mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-13-1925

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	11	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: None

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

PARENTS

10. NAME OF FATHER John Obies

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Spain

12. MAIDEN NAME OF MOTHER Encarnation Diaz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Spain

14. INFORMANT John Obies (father)
(Address) 1714 S. 10th

15. FILED ..... 19 22 1927 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov-21 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov-21, 1927, to Nov 21, 1927 that I last saw her alive on Nov 21, 1927, and that death occurred, on the date stated above, at 4:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Diphtheria Laryngeal

10 / 10

107A

150 (duration) — yrs. — mos. 7 ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia

Acute Nephritis (duration) — yrs. — mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1714 S. 10th

DID AN OPERATION PRECEDE DEATH? NO DATE OF .....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) George H. Garrison, M. D.

, 19 (Address) Isolation Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Peter & Paul

DATE OF BURIAL: Nov 23 1927

20. UNDERTAKER: Brendel U. Co.

ADDRESS: 1718 So 9th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OK
Eduardo