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

Do not use this space.

42952

File No. 12225

Registered No.

1. PLACE OF DEATH

County: St Louis

Township:

City: St Louis (No. City Hospital St. Ward)

Registration District No. 781

Primary Registration District No. 5003

2. FULL NAME Walter Obermeyer

(a) Residence. No. 6414 Alabama Av St., 1 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 25 1901

7. AGE: Years 27 | Months 2 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 165
(b) General nature of industry, business, or establishment in which employed (or employer): 84
(c) Name of employer

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

PARENTS

10. NAME OF FATHER: William Obermeyer
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Jefferson Co
(STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Minnie Friedmeyer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St Louis Co
(STATE OR COUNTRY): Missouri

14. INFORMANT: Laura Obermeyer
(Address): 6414 Alabama Av

15. FILED: DEC 15 1928, 19.... Chas C Stark Jr. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 13th 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... that I last saw h..... alive on ....., 19...., and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxiation due to Hanging by Bed Sheet (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY): While suffering temporary Mental aberration (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Suicide

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. W. Kemper, M.D.
(Address) Dep Coroner

8/168

13/14/28

*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: Old St Johns Mehville Mo — DATE OF BURIAL: 12/17 1928

20. UNDERTAKER: Chapman & Co — ADDRESS: 7894 S Broadway

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.