

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

Do not use this space.

38614

**1. PLACE OF DEATH**

County..... Registration District No. **79E**  
 Township..... Primary Registration District No. **1007**  
 City **St. Louis** (No. **Seaconer Hospital** St. **11018** Ward)

**2. FULL NAME**

(a) Residence. No. **4609 Carrier** St., **9** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Martin H. Obermeyer**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Mar. 8 1862**

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
	67	8	—	

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

9. BIRTHPLACE (CITY OR TOWN) **Germany**  
 (STATE OR COUNTRY)

10. NAME OF FATHER **Fred Kuerste**

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

12. MAIDEN NAME OF MOTHER **Margaret Sauerholz**

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

14. INFORMANT **Mathilda Obermeyer**  
 (Address) **4609 Carrier**

15. FILED **Nov 22 1929** **Max Estabrook** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 8 1929**

17. I HEREBY CERTIFY, That I attended deceased from **Oct 26** to **Nov 8**, 19**29**, and that I last saw him alive on **11-7-29**, and that death occurred, on the date stated above, at **7:10 A.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Myocardial Angina Pectoris**  
**Chronic Interstitial Nephritis**  
**Suppression of Urine**  
 CONTRIBUTORY (SECONDARY) **Chronic Bronchitis non Tubercular**  
**Tall bladder + afferent disease**  
**Cholecystitis + Appendicitis**

18. WHERE WAS DISEASE CONTRACTED  
 IS NOT A PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? **yes** DATE OF **10/29/29**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical & X-ray findings**  
 (Signed) **E. A. Babler** M.D.  
 (Address) **Metropolitan Bldg**

\*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 **New Bethelhem** DATE OF BURIAL **11/12 1929**

20. UNDERTAKER **Thos. H. Cuderswieder** ADDRESS **1936 St. Louis**

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.

RECORD WITH CONTINUING NUMBERS IS A PERMANENT RECORD

