

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

Do not use this space.

~~20752~~  
**20754**

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis** (No. **775**, **Baptist Hospital** St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. **Joseph H. Oberle** St. **12** Ward. **St. Genevieve Mo**  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. **6** 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) **Divorced**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Vivian Oberle**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 10-1897**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**32 10 26**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Electrician**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **General Electrical Work**  
 (c) Name of employer **Mo. General Utilities**

9. BIRTHPLACE (CITY OR TOWN) **St. Genevieve**  
 (STATE OR COUNTRY) **Mo**

10. NAME OF FATHER **William Oberle**

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

12. MAIDEN NAME OF MOTHER **Mary Andre**

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

14. INFORMANT **William Oberle**  
 (Address) **St. Genevieve Mo**

15. FILED **JUN -7 1930** **Max C Stanley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 6 1930**

17. **No Physician for attendance**  
 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_,

that I last saw him ..... alive on ..... 19\_\_\_\_, and that death occurred, on the date stated above, at **1:30 P. M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Shock + Burns (2nd & 3rd degree) No Burning Oldg.**  
 (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY **Manner + cause of**  
 (SECONDARY) **same unknown**  
 (duration) ..... yrs. .... mos. .... ds.

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

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....  
 WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) **J. W. Keener**, M. D.

**6/9 1930** (Address) **Deputy Coroner**  
 \*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. Genevieve Mo.** DATE OF BURIAL **6-9 1930**

20. UNDERTAKER **John Basler** ADDRESS **St. Genevieve Mo**

N. B.—Every item of information supplied. All deaths are classified by cause of death in plain terms, so that the fact statement of OCCUPATION is very important.

6 MAY 6 1969

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

ALL INFORMATION CALLED  
 FOR MUST BE WRITTEN ON  
 THIS SUPPLEMENTARY.

**1. PLACE OF DEATH.**

County.....  
 Township.....  
 City St. Louis (No. ....) St. .... Ward .....

Registration District No. 791  
730/3  
1003  
 Primary Registration District No. 1003

File No. 20754  
 Registered No. 5548

**2. FULL NAME**

Joseph H. Oberle

(a) Residence. No. .... St. .... 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) D.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work .....  
 (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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

Max E. Starny  
 REGISTRAR

15. FILED NOV 17 1930

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6 1930

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

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Shock and burns  
no bleeding  
by Electricity  
on Telephone Pole  
 CONTRIBUTORY (SECONDARY) at St. Genevieve, Mo.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. W. Tenen M.D.  
10/17 1930 (Address) Dep. Coroner

\*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

DATE OF BURIAL

20. UNDERTAKER

ADDRESS

19

M.B.—Every item of information should be carefully supplied. STATE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Every statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNLESS THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-20754