

OCT 28 1930

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

29567

1. PLACE OF DEATH

County Franklin Registration District No. 297 File No. _____
 Township Washington Primary Registration District No. 216 Registered No. 83
 City Washington (No. _____) St. _____ Ward _____

2. FULL NAME Baby Obermeyer

(a) Residence. No. Neinth Street 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) SIX infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 3rd-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0) 0 1 Hour

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Washington Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER Elizabeth Obermeyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Neier
 (STATE OR COUNTRY) Franklin County Mo

14. INFORMANT Mrs Ben Eihlers
 (Address) Washington, Mo.

15. Sept 3, 1930 C. L. Murch
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 3 1930 to Sept 3 1930 that I last saw him alive on Sept 3 1930 and that death occurred, on the date stated above, at 11:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Signature birth
Period uterine gestation
6 months
159 (duration) yrs. mos. ds.

CONTRIBUTORY Heart disease
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Place of death
 NOT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Medical

Signed Robert R. Ceeley, M.D.
Sept 3, 1930 (Address) 120 E. G. Washington

*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

Catholic Cemetery Sept 3rd 1930

20. UNDERTAKER ADDRESS
Otto & Co by Geo H Otto Washington

