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

Do not use this space.

File No. 15220
Registered No. 3749

1. PLACE OF DEATH

County ..... Registration District No. 79T

Township ..... Primary Registration District No. 0

City St. Louis (No. 3915, North 30th St. ..... Ward)

2. FULL NAME Theresa Oberhelmann

(a) Residence, No. 3915 North 30th St., 20 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
70	7	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER

15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT Mrs. Wm. Pfaum daughter
(ADDRESS) 3915 North 30th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE Apr. 27, 1933

19. UNDERTAKER Wm. Hermann Jr. Son
(ADDRESS) 3101 Cass Ave.

20. FILED Apr. 28, 1933 May C. Vandell
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 9th, 1933, to April 24, 1933

I last saw her alive on April 23 —, 1933. Death is said to have occurred on the date stated above, at 4:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic parenchymatous nephritis.	Oct. 1932
131	

Other contributory causes of importance:
Chronic myocarditis.
Arteriosclerosis.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) Frank J. V. Krotz, M. D.
(Address) 3600 N. Grand

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.

WHITE PLAINS, WITH UNFADING INK—THIS IS A PERMANENT RECORD