

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

Do not use this space.

16104

JUN 20 1935

1. PLACE OF DEATH

County Gasconade
Township _____
City Owensville (No. _____)

Registration District No. 305
Primary Registration District No. 4184

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME

Fred C Oberbeck

(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 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 Henretta Oberbeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 3 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. welder for machine shop

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 14

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

13. NAME William Oberbeck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Augusta Oberbeck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Fred H. Oberbeck
Wentzfeld, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo. DATE 5-27-1935

19. UNDERTAKER (ADDRESS) W.F. Gattmstrater
Owensville Mo.

20. FILED 6-8 1935 J.F. Ferrell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1935

22. I HEREBY CERTIFY, That I attended deceased from May 23 1935 to May 23 1935

I last saw him alive on don't know, had then arrived Death is said to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows: do not know, never treated

I saw him, with sudden

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 1935

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? _____

If so, specify _____

(Signed) J.F. Ferrell M. D.

(Address) Owensville, Mo.

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.

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OCCUPATION

FATHER

MOTHER

INFORMANT

BURIAL

UNDERTAKER

FILED

