

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

Do not use this space.

MAR 17 1936

8577

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *General Hosp.*)

File No. **2281**
Registered No. St. Ward)

2. FULL NAME

(a) Residence, No. *7936 W Pine* St., *12* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Emma M. Obermoeller</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan 16 1872</i>		
7. AGE YEARS <i>64</i>	MONTHS <i>1</i>	DAYS <i>12</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>cloth Examiner</i>		11. Total time (years) spent in this occupation
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)		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-28*, 19*36*

22. I HEREBY CERTIFY, That I attended deceased from *2-24*, 19*36*, to *2-28*, 19*36*.
I last saw him alive on *2-28*, 19*36*. Death is said to have occurred on the date stated above, at *5:25 a.m.*
The principal cause of death and related causes of importance were as follows:

1) Ruptured aorta with thrombus extending into left pleural cavity.
2) Atherosclerosis aorta

Other contributory causes of importance:

96

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? *Yes*

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) *J. G. Madigan*, M. D.
(Address) *General Hosp.*

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis</i>
	13. NAME <i>Henry Obermoeller</i>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>
	15. MAIDEN NAME <i>Unknown</i>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>.....</i>
	17. INFORMANT <i>Harry G. ...</i> (ADDRESS) <i>4536 W Pine St</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>St. Peter</i> DATE <i>2-2</i> , 19 <i>36</i>	
19. UNDERTAKER <i>Arthur J. Donnelly 24 So</i> (ADDRESS) <i>3240 ...</i>	
20. FILED <i>MAR 1 1936</i> <i>J. F. Bredeck</i> Registrar	

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.

