

REC'D FEB 10 1939

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

791

1003

562

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 3
 (b) Township St. Louis Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. 1946 Louisiana St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 562**2. PRINT FULL NAME** Herbert Frank Ober

(a) Residence, No. 1946 Louisiana St. 17
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Cressie Ober
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30, 1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 52 2 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 9. Industry or business in which work was done, as saw mill, bank, etc. Surgical Supply
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1938 to Jan 17, 1939
 I last saw him alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 12.15 A.M.
 The principal cause of death and related causes of importance were as follows:

Acute Congestive Heart Failure (Date of onset) Jan 14, 1939
Chronic myocarditis

Other contributory causes of importance:

Acute bronchitis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No23. 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 John T. Kautover M. D.(Signed) John T. Kautover M. D.(Address) 3115 S. Grand Blvd.12. BIRTHPLACE (CITY OR TOWN) Burlington
 (STATE OR COUNTRY) Iowa13. NAME Frank Ober14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)17. INFORMANT Mrs. Cressie Ober
 (ADDRESS) 1946 Louisiana Ave.18. BURIAL, CREMATION, OR REMOVAL
Valhalla Crematory DATE 1/19/3919. FUNERAL DIRECTOR (NAME) Weick Brothers Und.
 (ADDRESS) 2201 S. Grand Bl.20. FILED JAN 18 1939 J. D. Brudick Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. J. W. ...
9th. O. O. of the Hospital

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed: Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 DuChouquette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.