

REC'D JUN 12 1939 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16718
Do not use this space.

791
1008 Registered No. 4252

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 4817a Kossuth Avenue 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Edward Oberhellmann

(a) Residence, No. 4817a Kossuth Avenue St. 7 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa Oberhellmann (Nee Reiss)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 3 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman Rolling
9. Industry or business in which work was done, as saw mill, bank, etc. mill (retired)
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

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

FATHER 13. NAME Henry Oberhellmann

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs Florence Saeger (ADDRESS) 4817a Kossuth Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE May 8 1939

19. FUNERAL DIRECTOR (NAME) Math Hermann & Son (ADDRESS) 2161 East Fair Ave

20. FILED 8 1939 J.P. Buehler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 - 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 10, 1939, to May 5 -, 1939
I last saw him alive on May 4, 1939. Death is said to have occurred on the date stated above, at 4:00 PM.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis. Date of onset Jan 10 39

Other contributory causes of importance:

Atherosclerosis.

Name of operation Date of 710

What test confirmed diagnosis? Was there an autopsy? 710

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? 710

If so, specify.....
(Signed) Frank J. Tink, M. D.
(Address) 3500 N. Grand

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state

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 *William L. Bushby*

Licensed Embalmer No. *2118 0*

P. O. Address *St. Louis Mo*

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.