DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 11 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23598

Registration District No. 1939 791 1003

Primary Registration District No.

Registrar's No. 5871

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2406 So 11th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Anthony Oberkirsch 162

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased 7 (Month) 1 (Day) 39 (Year)

8. AGE: Years | Months | Days | If less than one day 13 hr. 10 min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Anthony Oberkirsch
13. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorothy Clemens
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Anthony Oberkirsch
(b) Address 2406 So. 11th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/39 (Month) (Day) (Year)
(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Wm C. Mogdell
(b) Address 1926 Allen. Ave.

19. (a) JUL 3 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2
year 1939 hour 10 P.M. minute 17 M.

21. I hereby certify that I attended the deceased from 9 13 P. M. July - 1, 1939, to July - 2, 1939, that I last saw him alive on July - 2, 1939, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Prematurity	9 mo.
Due to ?	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Cerebral Softening Prematurity	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature M. Hogt Jr. M.D. (M. D. or other)
Address 1325 S. Grand Date signed 7-2-39

(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.

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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

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