

REC'D AUG 11 1939 791

Registration District No. **1003**

Primary Registration District No. _____

Registrar's No. _____

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: 4932 Arlington **2**
(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 **7**
(If outside city or town limits, write "RURAL")
 (d) Street No. 4932 Arlington Ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 60 years

3. (a) PRINT FULL NAME MARY OBROCK **162**

8. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Herman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 9 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	2	0	hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At Home **6**

11. Industry or business _____ **6**

12. Name not known **6**

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. M. L. Steats

(b) Address 4932 Arlington

17. (a) Burial (b) Date thereof July 13 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens

18. (a) Signature of funeral director A. Row L. & N. Co.

(b) Address 2707 N. Grand Blvd.

19. (a) JUL 10 1939 (b) J. Brobeck
(Date received local registrar) (Registrar's Signature)

MOTHER FATHER

1 X1681

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9
 year 1939 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 7
 _____, 1939, to July 9, 1939
 that I last saw her alive on July 7, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Chronic Interstitial nephritis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature D. A. Thomson (M. D. or other) _____

Address 312 1/2 N. Grand Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

Paul L. Kullenberg

Licensed Embalmer No. *2631*

P. O. Address *2707 N. Grand*

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.