No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6576

Registration District No. 5420 Primary Registration District No. 303 Registrar's No.

1. PLACE OF DEATH:

(a) County GASCONADE

(b) City or town RURAL ROARK TWP

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 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 80 years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gasconade

(c) City or town Rural Roark Township

(If outside city or town limits write "RURAL")

(d) Street No.

(If rural, give location)

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

3. (a) PRINT FULL NAME FRITZ OBERG. 162

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife

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

7. Birth date of deceased NOV. (Month) 13 (Day) 1855 (Year)

8. AGE: Years 84 Months 3 Days 8 If less than one day hr. min.

9. Birthplace WHEELING W Va ✓ 1 (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name FRITZ OBERG 1
13. Birthplace GERMANY 6 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CAROLINA SCHLEICHER
15. Birthplace GERMANY 6 (City, town, or county) (State or foreign country)

16. (a) Informant Theo Oberg

(b) Address HERMANN, MO RR2

17. (a) (Burial, cremation, or removal) (b) Date thereof FEB. 25-1940 (Month) (Day) (Year)

(c) Place: burial or cremation STONY HILL MO

18. (a) Signature of funeral director HERMAN BLUMER

(b) Address BERGER MO. 274

19. (a) 2-23-40 (Date received local registrar) (b) Anna K. Rickhoff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 21 year 1940 hour 2 minute 5 P M.

21. I hereby certify that I attended the deceased from Febr. 17, 1940, to Febr 21, 1940 that I last saw him alive on Febr 20, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage caused	5 days
Due to Right sided hemoplegia	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

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 John Engelbrecht (M. D. ~~or other~~) 1

Address Stony Hill, Mo. Date signed 2-22-40

(Licensed Embalmer's Statement on Reverse Side)

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 Herman Blumer

Licensed Embalmer No. 528

P. O. Address Bergen, 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.