

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19632

State File No. _____

Registration District No. 84

Primary Registration District No. 200

Registrar's No. 1012

1. PLACE OF DEATH:

(a) County St. Louis County
 (b) City or town Jefferson Barracks
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Facility
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Admitted 3/31/40.
 (Specify whether
 In this community Unknown.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County _____
 (c) City or town Jacksonville
 (If outside city or town limits, write "RURAL")
 (d) Street No. 302 West Walnut Street.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Alfred F. Oberjurge 167

3. (b) If veteran,

name war World War

3. (c) Social Security

No. 341-14-8606

4. Sex Male

5. Color or

race White

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

6. (b) Name of husband or wife Laura

6. (c) Age of husband or wife if

alive 50 years

7. Birth date of deceased

May 22, 1890
 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>50</u>	<u>0</u>	<u>2</u>	hr. _____ min.

9. Birthplace

St. Louis, Missouri.

10. Usual occupation

Clerk

11. Industry or business

Kroger Company

12. Name

Charles Oberjurge

13. Birthplace

Illinois.

14. Maiden name

Minnie Fasthold,

15. Birthplace

Missouri.

16. (a) Informant's own signature

M. Schuler

(b) Address

Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a)

Burial

(b) Date thereof

May 27 1940

(Burial, cremation, or removal) Bethlehem Cem.
 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

Diedrich Funeral Home

(b) Address

8319 Hall's Ferry Rd.

19. (a)

MAY 27 1940

(Date received by registrar)

[Signature]
 (Registrar's signature)

(Date received by registrar)

27 1940

(Date received by registrar)

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
 year 1940 hour 11:45 minute _____ S. A. M.

21. I hereby certify that I attended the deceased from
March 31, 1940, to May 24, 1940
 that I last saw him alive on May 24, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive and coronary arterio-
sclerotic heart disease, with cardiac
 Due to enlargement and myocardial
insufficiency.

Duration
Unkn.

Due to _____
 Other conditions None.
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy No 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) NO
 (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?

23. Signature C. W. HUGHES, M.D., (M. D. or other) _____
 Address Ch. Med. Officer, Date signed _____
Vet. Adm. Bldg., Jeff. Bks., Mo.

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.

FEB 18 1944

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

Arthur P. Friedrich

Licensed Embalmer No. *3356*

P. O. Address *St. Louis City*

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.