

3. No. 2
4-13-40
5-17-39
I X23159

1940
Registration District No. 284

Primary Registration District No. 109

Registrar's No. 2832

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Maplewood Nursing Home
(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 3

3. (a) PRINT FULL NAME Louise Ober
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
(b) Name of husband or wife Late Charles H. Ober
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 23rd 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Frederick Hanneman

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

14. Maiden name Minnette Unknown

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

16. (a) Informant George A. Ober

(b) Address 6546 Walsh Ave.

17. (a) Burial (b) Date thereof 11-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) NOV 27 1940 (b) R. H. Mays
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5905 Scanlon Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th
year 1940 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from 7/6/40
_____, 19____, to 11/26, 19____;
that I last saw him alive on 11/25/40
and that death occurred on the date and hour stated above.

Immediate cause of death severe arteriosclerosis

Due to Senility

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? _____

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

23. Signature Joseph B. Hendry (M. D. or other) MD
Address 6205 Arsenal St Date signed 11/26

Duration _____
years _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. Kendis
6205 Arsenal St. before 11 A.M.

Jos.

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 *Edwin M. Ghermatt*

Licensed Embalmer No. *3024*

P. O. Address.....

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, fact should be so stated above.