

No. 2
4-13-40
5-17-39
I X23/59

Registration District No. 791

Primary Registration District No. 1003

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

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: City 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 Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7516 Reilly
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Rose Evelyn Obergfell
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 21st
year 1940 hour _____ minute 8 A. - M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
7. Birth date of deceased Aug. 15, 1936
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
4 4 6 hr. min.

Immediate cause of death Acute Yellow Atrophy of the Liver Illuminating Gas Poisoning Administered at the
Due to hands of one Eleanor Obergfell at her home on Dec 17/40

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

Due to exact time unknown
While suffering temporary mental aberration
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation none

Major findings: 175
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business none
12. Name Andrew Obergfell
13. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)
14. Maiden name Eleanor Scheffler
15. Birthplace St. Louis, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Obergfell
(b) Address 7516 Reilly St

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence Dec 17/40
(c) Where did injury occur? St. Louis, Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home
(Specify type of place)

(c) Place: burial or cremation Park Lawn Cem

(e) Means of injury _____
While at work? _____

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 25 1948 2
19. (a) DEC 25 1940 (Date received local registrar)
(b) J. W. Bredek (Registrar's signature)

23. Signature Walter J. Perry (M. D. or other)
Address County, Missouri Date signed 12/22/40

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.....

Licensed Embalmer No.....

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.