

Registration District No. **784** Primary Registration District No. **20**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **Lemay Rural**  
(c) Name of hospital or institution:  
**Ringer Rd. Route # 11**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Life**  
In this community **Life**  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **St. Louis 96**  
(c) City or town **Lemay Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Ringer Route #11**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. **0** years.

3. (a) PRINT FULL NAME **Henry J Obermeyer**  
(b) If veteran, name war **None**  
(c) Social Security No. **None**

4. Sex **Male**  
5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widowed**  
(b) Name of husband or wife **Sophie M. Obermeyer**  
(c) Age of husband or wife if alive **1848** years  
7. Birth date of deceased **March 10 1848**  
(Month) (Day) (Year)

8. AGE: Years **93** Months **1** Days **2**  
If less than one day hr. min.

9. Birthplace **St. Louis County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

MOTHER FATHER  
12. Name **Wm. Obermeyer**  
18. Birthplace **Holland 4**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Kretzer**  
15. Birthplace **Holland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Maynard**  
(b) Address **Ringer Rd. Route 11 Lemay, Mo.**

17. (a) **Burial** (b) Date thereof **April 15, 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Trinity Luth. Cemetery**

18. (a) Signature of funeral director **W. J. ...**  
(b) Address **7814 W. Broadway**

19. (a) **APR 15 1941** (b) **T. D. Meyer M.D.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **12**  
year **1941** hour **10** minute **P.** M.  
21. I hereby certify that I attended the deceased from **Jan 20**  
**1939** to **May 10**, 1941,  
that I last saw him alive on **Mar 8**, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death **arteriosclerosis**  
Duration **2**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underlines 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(a) Means of injury \_\_\_\_\_  
23. Signature **Waldorf** (M. D. or other) **D**  
Address **Lemay R 8 Mo** Date signed **4/14/41**

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

**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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

**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.**