

S. No. 2  
-4-13-40  
5-17-39  
-PI X23159

FILED JUN 25 1941  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

16454  
State File No. 3972

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 791 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town. St. Louis  
(c) Name of hospital or institution:  
2200 Sullivan Ave.  
(d) Length of stay: In hospital or institution. 70 years.  
In this community. 70 years.

3. (a) PRINT FULL NAME. George E. Obermeier  
(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  
6. (b) Name of husband or wife. Louise Obermeier  
6. (c) Age of husband or wife if alive. years  
7. Birth date of deceased. Feb. 20, 1865

8. AGE: Years 76 Months 2 Days 20  
If less than one day hr. min.

9. Birthplace Cincinnati, Ohio

10. Usual occupation Retired Salesman

11. Industry or business Coffee

12. Name August Obermeier

13. Birthplace Germany

14. Maiden name Anna Von Hagel

15. Birthplace Germany

16. (a) Informant George A. Obermaier

(b) Address 2000 Sullivan Ave.

17. (a) Burial (b) Date thereof 5/12/41  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director

(b) Address 2117 E. Grand Blvd.

19. (a) MAY 11 1941 (b) Registrar's signature

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 1920  
(d) Street No. 2200 Sullivan Ave.  
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 10  
year 1941 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 4<sup>th</sup> 1938 to May 13 1941  
that I last saw him alive on May 9<sup>th</sup> 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage  
Due to several strokes  
Duration 3 years

Other conditions  
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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Arthur S. ... (b) Means of injury  
Address 2202 ... Date signed 5/14/41

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

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**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

*Frank A. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Main*

**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.**