

DECEASED AUG 13 1941
Registration District No. 780

Primary Registration District No. 4466

1. PLACE OF DEATH:
(a) County St. Genevieve
(b) City or town St. Genevieve Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Genevieve Mo 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life years, months or days

3. (a) PRINT FULL NAME WILLIAM-OBERLE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Loma Oberle 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased April 24 1872 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>2</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace St. Genevieve Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
12. Name Joseph Oberle
13. Birthplace St. Genevieve Missouri (City, town, or county) (State or foreign country)

14. Maiden name Rebecca Oberle
15. Birthplace St. Genevieve Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mary L Oberle
(b) Address St. Genevieve Mo
17. (a) Burial (b) Date thereof July 28 1941 (Month) (Day) (Year)

(c) Place: burial or cremation St. Genevieve Mo
18. (a) Signature of funeral director Wm. J. Stanton
(b) Address St. Genevieve Missouri

19. (a) July 7/41 (b) T.W. Douglas (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Genevieve
(c) City St. Genevieve (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1941 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from March 13, 1941, to July 5, 1941; that I last saw him alive on July 1, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 7/5/41

Due to General arteriosclerosis ?

Due to _____

Other conditions 9/4/41 (Includes pregnancy within 3 months of death)

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? _____ (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) (e) Means of injury _____

23. Signature R. G. Lanning (M. D. or other) _____
Address St. Genevieve Mo Date signed 7/5/41

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

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.

1 X1951

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

Walter J. Stanton

Licensed Embalmer No.

3325

P. O. Address

St. Genevieve

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.