

FILED DEC 7 1942
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9866

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2631 South 12th, Street
(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. (a) PRINT FULL NAME Elizabeth Obert

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 5th 1850
(Month) (Day) (Year)

8. AGE: Years 92 Months 6 Days 19 If less than one day
hr. _____ min. _____

9. Birthplace Hessen-Darmstadt Germany
(City, town, or county) (State or foreign country)

10. Usual occupation House-work

11. Industry or business At Home

MOTHER } 12. Name Louis Kolb
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Jacobina Angel
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth M. Obert
(b) Address 2631 S 12th St

17. (a) Burial (b) Date thereof Nov. 27, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Wm. J. Robert

(b) Address 1905 South Grand Blvd.

19. (a) NOV 27 1942 (Date received local registrar) J. F. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2631 South 12th, Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 24th
year 1942 hour 3 minute 37 P.M.

21. I hereby certify that I attended the deceased from Oct 17, 1942, to Nov 24, 1942.
that I last saw her alive on Nov 21, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis
Chronic Interstitial
Nephritis } Duration many years

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: [Signature]
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, 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 [Signature] (M. D. or other) _____
Address 3554 VICTOR ST Date signed 11/27/42

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 John Ketter
Licensed Embalmer No. 3880
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.