S. No. 2
M—S 42

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7669

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 503

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
D.O.A. St Louis County Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 255 S Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julius 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 Josephine Oberle
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased January (Month) 8 (Day) 1902 (Year)
8. AGE: Years 41 Months 1 Days 18 If less than one day hr. min.
9. Birthplace Ste. Genevieve (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Lineman
11. Industry or business
FATHER
12. Name William Oberle
13. Birthplace French Village (City, town, or county) Mo 0 (State or foreign country)
MOTHER
14. Maiden name Mary L Andre
15. Birthplace Ste Genevieve (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Mrs Josephine Oberle
(b) Address Ste. Genevieve, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/1/43 (Month) (Day) (Year)
(c) Place: burial or cremation Ste. Genevieve, Mo
18. (a) Signature of funeral director Leo C. Basler Fun. Dir.
(b) Address Ste. Genevieve, Mo.
19. (a) MAR 4 1943 (Date received local registrar) (b) E. L. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26 year 1943 hour 10:40 PM minute M.
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.

Duration

Immediate cause of death Result of b eing struck by Public Service Co. bus while a pedestrian on a public highway.
Due to
Due to Multiple fractures and abrasions; Ruptured spleen; Hemoperitoneum; Hemothorax.
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 17 JC-8
Of autopsy Yes. 21

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) Accident. 117
(b) Date of occurrence Feb. 26, 1943
(c) Where did injury occur? 9200 S. Broadway (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? (e) Means of injury
23. Signature Louis H. Bipp Coroner
Address Kirkwood, Mo. 3-1-43 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.