S. No. 2
M—5-42
5-17-39
I [illegible]

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

8640

State File No. 2549

FILED MAR 25 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5219 Beacon Ave
(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)

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. 5219 Beacon Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Adolph F Obermeyer

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Viola S Obermeyer

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August (Month) 20 (Day) ~~1886~~ 1887 (Year)

8. AGE: Years ~~54~~ 55 Months 6 Days 24 If less than one day hr. min.

9. Birthplace Little Rock (City, town, or county) Arkansas (State or foreign country)

10. Usual occupation Book-keeper

11. Industry or business Board of Education

FATHER
12. Name Charles F Obermeyer
13. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Catharine Appich
15. Birthplace (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mrs Viola Obermeyer
(b) Address 5219 Beacon Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 17 43 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home Inc
(b) Address 1936 St Louis Nye

19. (a) MAR 17 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1943 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from 10-31- 1942 to 3-14- 1943; that I last saw him alive on 3-10-43 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart Disease & Auricular fibrillation

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Carl Weiss (M. D. or other)

Address Humboldt Bldg Date signed 3-15-43

(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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of St. Louis }

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2549

On this 15th day of April, 1943, before me appears Theo W Biedermeier, who, upon his oath, states that the original record of death for Adolph F. Obermeyer, died March 14th, 1943, in the State of Missouri, and which was filed at St. Louis, Mo. on March 17, 1943, should be corrected as follows:

Item No. 7 should read August 20, 1887
Instead of August 20, 1888

Item No. 8 should read 55yrs.6mos.24days
Instead of 54yrs.6mos.24days

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

16 943

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Theo W Biedermeier Funeral Director
Relationship.

1936 St Louis Mo
Present Address.

Subscribed and sworn to before me this 15th day of April, 1943

My Commission expires March 19-1946 Lawrence J Suffrecht Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
10M-8-42
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