

Registration District No.

Primary Registration District No.

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:
City Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 yr 11 mo 7 ds.
81 years (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME CAROLINE OBERSCHELP

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

4. Sex Female / Color or race white
 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Herman
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: March 3 1864
 (Month) (Day) (Year)

8. AGE: Years 79 Months 10 Days 14
 If less than one day _____ hr. _____ min.

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

10. Usual occupation nie

11. Industry or business _____

12. Name Henry Kohrs

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Suedger

(b) Address 5400 Arsenal

17. (a) Burial (b) Date thereof 1-20-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
St. Peters Cem.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Kraeger-Voss-Fix

(b) Address 3402 No Kingshighway

19. (a) JAN 18 1944 (b) J. F. Bedeak
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

Missouri
 (a) State _____ (b) County 3
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
4025 Labadie 5300 Arsenal
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
 year 1944 hour 11:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from 12-1-1943, 19____, to 1-17-1944, 19____,
 that I last saw her alive on 1-17-1944, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Stenosis
Cardiac Decompensation
 Duration 2yrx
2 yrx

Due to _____

Due to _____

Other conditions _____
 (Include 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) (a) Means of injury _____

23. Signature C. J. Mc Connell (M. D. or other) _____

Address 5400 Arsenal Date signed 1/17/44

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

2-43
7-39
X35897

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 Agonowski

Licensed Embalmer No.....

3398

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.