

FILED JUL 21 1944

Primary Registration District No. 1003

State File No.

Registrar's No. 6281

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:  
Lutheran Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
In this community 67 years (Specify whether 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. 5077 Rhodes  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mrs. Johanna Oberfeld

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. August Oberfeld 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased April 27, 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 2 15  
hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Carl Kleist  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Louisa Rotten  
15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. August Oberfeld  
(b) Address 5077 Rhodes Avenue

17. (a) Burial (b) Date thereof July 15, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Beiderwieden F. H. Inc.  
(b) Address 1936 St. Louis Avenue

19. (a) J. J. Bredsch  
(Date received) (Local health officer's signature) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th  
year 1944 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Oct. 1942  
to July 12 1944  
that I last saw her alive on July 12 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral embolus Duration 6 days

Due to  
Due to

Other conditions Myocarditis 2 yrs  
(Include pregnancy within 3 months of death)

Arteriosclerosis, general PHYSICIAN  
Major findings: none  
Of operations

Of autopsy  
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) NO  
(b) Date of occurrence  
(c) Where did injury occur? none  
(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 Wm B Karant (M. D. or other) M.D.  
Address 4500 Olive St. Date signed 7/15

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

Dr. Wm. B. Kauntz

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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 Thos. A. Reiderwiesden

Licensed Embalmer No. 5063

P. O. Address St. Louis, Mo

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.