

S. No. 2
M-2-43
5-17-39
I X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38846

FILED DEC 12 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 2356

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Manchester Nursing Home 4
(If not in hospital or institution, write street number or location)
4 day's 1

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 51

(c) City or town _____ (If outside city or town limits, write "RURAL") 47

(d) Street No. Page & Link Rds. 9
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 1

3. (a) PRINT FULL NAME Louis M. Oberheide

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Nov. day 18
1944 year hour 3 minute 45A. M.

4. Sex Male 5. Color or race White

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

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

21. I hereby certify that I attended the deceased from
Nov. 11 1944 to Nov. 14 1944
that I last saw him alive on Nov. 14 1944
and that death occurred on the date and hour stated above.

7. Birth date of deceased November 20, 1884
(Month) (Day) (Year)

Immediate cause of death _____
Emphysema Duration _____

8. AGE: Years 59 Months 11 Days 28 If less than one day
hr. _____ min. _____

Due to Chronic Bronchial Asthma _____
Due to Etiology unknown _____

9. Birthplace St. Louis (City, town, or county) (State or foreign country) 11

Other conditions (Include pregnancy within 3 months of death)
Arteriosclerotic C-U Disease _____

10. Usual occupation Farmer

Major findings: _____
Of operations _____

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Oberheide 1

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Louise Rumpf (City, town, or county) (State or foreign country)

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Louise Oberheide

(b) Address 4119 Lee Ave.

17. (a) Burial (b) Date thereof Nov. 20, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Paschedag-Henke Fun.
(b) Address 2825 N. Grand Blvd.

19. (a) DEC 1 1944 (b) E. J. McLaughlin (Registrar's signature) (Date received local registration) (City)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Of autopsy not done 67A

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? _____

Home _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

Signature John McLaughlin (M. D. or other) 68

Address St. Louis County, Mo. Date signed 11-18-44

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

16
00

707

(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.....

Robert G. Laffer

Licensed Embalmer No.....

2971

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.