S. No. 2
0M—5-43
v. 5-17-39
1 X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4656

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 1871

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 999

(c) City or town East St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1624 Illinois Ave NR
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles Oberbeck

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Oberbeck

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

7. Birth date of deceased December (Month) 26 (Day) 1877 (Year)

8. AGE: Years 67 Months 1 Days 29 If less than one day hr. min.

9. Birthplace Bonne Terre (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Watchman

11. Industry or business The Journal Printing Co.

FATHER
12. Name Charles Oberbeck
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Eliz. Ottman
15. Birthplace Iron Mountain (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Loretta Bewig
(b) Address 1554 Wellston Ave Wellston, Mo

17. (a) Burial Removal (Burial, cremation, or removal) (b) Date thereof 2/26/45 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Carmel Cem. E St Louis Ill

18. (a) Signature of funeral director Mittelberg Fun. Home
(b) Address Webster Groves (19) Mo

19. (a) FEB 26 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25
year 1945 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from Feb, 1944, to Feb 25, 1945
that I last saw him alive on Feb 24, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis arteriosclerosis — Duration at least 1 yr

Due to Passible Carcinoma of Rt lung

Due to Rt Hydrothorax

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

47

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 W. E. Moore (M. D. or other) MD
Address 7301 Natural Bridge Rd Date signed 2-25-45

844

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 1945

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 M. Meyer

Licensed Embalmer No. 3788

P. O. Address 340 W. adams Kirkwood 22 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.