

FILED MAR 14 1945

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1920

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:
4119 Lee 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. 4119 Lee Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louisa Oberheide

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry Oberheide 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 11, 1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>6</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Martin Rumpf
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Sophia Wegener
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Emma Oberheide
(b) Address 4119 Lee Ave.

17. (a) Burial (b) Date thereof Mar. 1, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

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

19. (a) FEB 27 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25th
year 1945 hour 10 minute 50A M.

21. I hereby certify that I attended the deceased from 3/30/44
_____ 19____ to 2/25 1945
that I last saw h. aw alive on 2/25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Permia

Due to Chronic Intestinal Infection 4 yrs

Due to Arterio Sclerosis 10 yrs

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 131a
Of operations _____
Of autopsy _____

Duration
14 DAYS

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?

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

23. Signature Edwin J. [Signature] (M. D. or other) M.D.
Address 3635 N. Chestnut Date signed 2/27/45

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

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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: *Robert W. Waple*

Licensed Embalmer No. *1861*

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.