S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39602

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10973

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: 4932 Lindewood 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 Mo (b) County

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

(d) Street No. 4932 Lindewood Ave
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna A Oberbeck

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 19 (Day) 1864 (Year)

8. AGE: Years 81 Months 3 Days 25 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business at Home

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

MOTHER
14. Maiden name Frances O Schaft
15. Birthplace Hanover Germany (City, town, or county) (State or foreign country)

16. (a) Informant Frances Overbeck
(b) Address 4932 Lindewood Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 17 (Day) 45 (Year)
(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) DEC-17-1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1945 hour 11.10 AM minute M.

21. I hereby certify that I attended the deceased from
, 1936, to December 14, 1945
that I last saw her alive on December 14, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic

Due to

Due to

Other conditions Arterio-Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration

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 George Pullman (M. D. or other) M.D.
Address 812 Arcade Street - N.Y. Date signed 12/13/45

(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 Edwin D McDermott

Licensed Embalmer No. 3024

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.