

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS

THE STATE BOARD OF HEALTH OF MISSOURI

739

FILED FEB 7 1946

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1022**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution 5835 Highland Ave /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5835 Highland Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Arthur C. Obrock

3. (b) If veteran, name war None

3. (c) Social Security No. 494-01-3068

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29th
year 1946 hour 7:35 A.M. minute _____ M. _____

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Pearl M. Obrock nee Hagemeyer

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

7. Birth date of deceased February 13, 1883
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 13 1946 to Jan 29 1946
that I last saw him on Jan 28 1946
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>11</u>	<u>16</u>	hr. _____ min. _____

Immediate cause of death Carcinoma Stomach (Cardiac)

Due to _____

Due to _____

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

Other conditions H/V
(Include pregnancy within 3 months of death)

10. Usual occupation Sec. & Treas.

11. Industry or business American Foundary Mfg. Co.

Major findings: Carcinoma Cardiac Stomach & Esophagus

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

12. Name Henry H. Obrock

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

14. Maiden name Charlotte Preuger

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

16. (a) Informant Mrs Pearl M. Obrock

(b) Address 5835 Highland Ave

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 2/1/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

(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? _____

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

(Specify type of place) _____

While at work? _____ (e) Means of injury 0

23. Signature J. F. Bredsek (M. D. or other) J. F. Bredsek

Date signed 1-20-46

19. (a) JAN 30 1946 (Date received local registrar)

J. F. Bredsek (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2932

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 Wm. G. Buchholz

Licensed Embalmer No. 21103

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.