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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 1 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 740

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 653

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: 2008 N. 13th St. (If not in hospital or institution, write street number or location)

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

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. 2008 N. 13th St. (If rural, give location)

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

If yes, name country

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

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alfrieda Obrock 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased February (Month) 28 (Day) 1888 (Year)

8. AGE: Years 57 Months 10 Days 21 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER 12. Name Henry Obrock

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

MOTHER 14. Maiden name Charlotte Plauger

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

16. (a) Informant Mrs Alfrieda Obrock

(b) Address 2008 N. 13th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21-46 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director E. J. Lehmer

(b) Address 3125 Lafayette Av.

19. (a) JAN 21 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18 year 1946 hour 11 minute 30 p.m.

21. I hereby certify that I attended the deceased from June 1944 to Jan 18 1946 that I last saw him alive on Jan 12 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis and Myocarditis

Due to Chronic Bronchitis

Due to

Other conditions (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 A. H. Jost (M. D. or other) M.D.

Address 2807 N. Grand Date signed 1/19/46

(Licensed Embalmer's Statement on Reverse Side)

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

2363

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 Joseph B. Vollmer

Licensed Embalmer No. 4014

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.