

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** State File No. _____ Registrar's No. **2415**

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3256 Knapp street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 58 yrs, 7 months
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. 3247 Knapp street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN OBERMEYER
3. (b) If veteran, name war no
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 10
year 1946 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from
May 6 1942 to March 10 1946
that I last saw him alive on March 8 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, married
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased July 19th 1887
(Month) (Day) (Year)

Immediate cause of death
Right Cerebellum Hemorrhage
Due to R Cerebellum Hemorrhage 30 days
Due to Feb. 21 1946

8. AGE: Years Months Days If less than one day
58 7 21 hr. _____ min.

Other conditions Hypertension 5 yrs
(Include pregnancy within 3 months of death)
Major findings: Of operations 83 a!
Of autopsy _____
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Barber
11. Industry or business Himself

MOTHER FATHER }
12. Name John Obermeyer
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Schork
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nellie Obermeyer
(b) Address 3247 Knapp St
17. (a) Burial (b) Date thereof 3-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon

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?
While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature A.P. Keule (M. D. or other)
Address 3606 Garois Date signed 3/12/46

18. (a) Signature of funeral director Suedmeyer & Son's
(b) Address 3934 North 20th street
19. (a) MAR 12 1946 (Date received local registrar)
(b) J. F. Bredek (Registrar's signature)

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

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 2626th Union Bl.

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.