

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18763**
Registrar's No. **4740**

Registration District No. **318**

Primary Registration District No. **1003**

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:
4349 Linton St. /
(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

3. (a) PRINT FULL NAME **Christ C. Oberbeck**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **493-03-6560**

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

6. (b) Name of husband or wife **Carrie Oberbeck** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **March 16th, 1877**
(Month) (Day) (Year)

8. AGE: Years **69** Months **2** Days **10** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Machine Hand**

11. Industry or business **Furniture Factory**

12. Name **Henry Oberbeck**

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

14. Maiden name **Louise Boehning**

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

16. (a) Informant **Carrie Oberbeck**

(b) Address **4349 Linton St.**

17. (a) **Burial** (b) Date thereof **5-29-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Suedmeyer & Sons.**

(b) Address **3934 N. 20th. St.**

19. (a) **MAY 27 1946** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4349 Linton St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **26th.**
year **1946** hour **5.15** minute **A.** M.

21. I hereby certify that I attended the deceased from **January 4th** to **May 26th**, 19**46**
that I last saw him alive on **May 25th**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma Gastric Gland**
Metastatic Carcinoma of Liver
Duration **10** months

Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: **Operation Refused.**

Of operations **None**

Of autopsy **None**

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 **None**

23. Signature **J. F. Bredeck** (M. D. or other)

Address **832 21st St. St. Louis** Date signed **5/27/46**

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 G. G. Smathers
Licensed Embalmer No. 3916
P. O. Address 3934 N. 70 St

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.