

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

25576

State File No.

6489

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. John's Hospital
(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 **Raymond John Oberhaus**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Venetta Oberhaus** 6. (c) Age of husband or wife if alive **28** years
7. Birth date of deceased **November 13 1911**
(Month) (Day) (Year)

8. AGE: Years **34** Months **8** Days **10** If less than one day
hr. _____ min. _____

9. Birthplace **Washington Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Mail Clerk**

11. Industry or business **Feederal Land Bank**

12. Name **Henry Oberhaus**

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

14. Maiden name **Christiane Toben**

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

16. (a) Informant **Venetta Oberhaus**

(b) Address **548 Summitt Ave.**

17. (a) **Burial** (b) Date thereof **7-25-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **July 23 1946** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Webster Groves**
(If outside city or town limits, write "RURAL")
(d) Street No. **548 Summitt Ave.**
(If rural, give location)
(e) Citizen of foreign country? **1** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22**
year **1946** hour **12** minute **10** P. M.
21. I hereby certify that I attended the deceased from **Sept 16**
1945, to **July 22**, 19**46**
that I last saw him alive on **July 22**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Bilateral lobar pneumonia** Duration **3 Days**
Due to **Chronic Osteomyelitis** **16 years**
with exacerbation and Septicemia **10 Days**
Due to **Non-tubercular**

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: **108**
Of operations _____
Of autopsy **As Above**
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **J. F. Brueck** (M. D. or other) **MD**
Address **6715 Big Bend Rd** Date signed **7/23/46**

AUG 13 1981

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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

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.