S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25897

FILED AUG 8 1947

Registration District No. 918

Primary Registration District No. 1003

Registrar's No. 7191

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

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: St. Louis City Hospital-Max C. Starkloff Memorial
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town ST. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4940 Robert Avenue 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2 0

If yes, name country No

3. (a) PRINT FULL NAME ROSE OBERMEYER

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William

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

7. Birth date of deceased May 12, 1885 (Month) (Day) (Year)

8. AGE: Years 62 Months 2 Days 18 If less than one day hr. min.

9. Birthplace Perry County (City, town, or county) Missouri (State or foreign country) 10

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Joseph Cecil
13. Birthplace (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Edgar Hager
(b) Address 3984 Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.&L. Co.
(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) AUG 2 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th year 1947 hour 6:40 minute P M.

21. I hereby certify that I attended the deceased from 7/19/47, 19, to July 30th, 1947 that I last saw her alive on July 30th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Arteriosclerotic heart disease

Due to

Other conditions Carcinomatosis
(Include pregnancy within 3 months of death)
generalized - primary source

Major findings:
Of operations Carcinoma of Cervix None
Of autopsy Not performed

Duration

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature Louis S. Knapp, M.D. (M. D. or other)
Address 1515 Lafayette Date signed 7/31/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

7191

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. Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address. 7814 S. Broadway

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.