V. S. No. 2
0M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 16 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29951

Registration District No. 5 Primary Registration District No. 3069 Registrar's No. 1661

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Creve Coeur
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dautel Lane
(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 One Year

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Creve Coeur
(If outside city or town limits, write "RURAL")
(d) Street No. Dautel Lane
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Otto H. Ober
3. (b) If veteran, name war None
3. (c) Social Security No. 493-10-8469
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ada
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased JUL. (Month) 2 (Day) 1889 (Year)

8. AGE: Years	Months	Days	If less than one day
58	—	30	hr. min.

9. Birthplace Mountain Grove (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Repairman
11. Industry or business Public Service
FATHER
12. Name Gebhart Ober
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emma Krueger
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Ada Ober
(b) Address Creve Coeur, Mo. R#2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cemetery
18. (a) Signature of funeral director Baumann Brooks
(b) Address 2504-Woodson Rd-Overland Mo.
19. (a) 8-7-47 (Date received local registrar) (b) Earl C. Sharpe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1 year 1947 hour 3 minute 15 A. M.
21. I hereby certify that I attended the deceased from July 15, 1947, to July 29, 1947, that I last saw him alive on July 29, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease with cardiac decompensation	prob. death several yrs preceding few wks
Due to	
Due to 93d	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
While at work? (e) Means of injury
23. Signature Milton A. Bentz (M. D. or other)
Address 4487 Westminster Date signed 8/2/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

10 - 440 T of Mueller R7-3-2-4

FEB 5 1948

SEP 4 1957

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.