No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 22 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40032

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10283

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: St. Clair 999
(c) City or town: Rural (If outside city or town limits, write "RURAL")
(d) Street No.: R R # 2 O'Fallon (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: David Frank Obernuefemann
3. (b) If veteran, name war: XXXX
3. (c) Social Security No.: XXXX
4. Sex: Male
5. Color or race: White
6. (a) ~~Single, widowed~~, married, ~~divorced~~: Married
6. (b) Name of husband or wife: Ida Obernuefemann
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: June (Month) 15 (Day) 1883 (Year)

8. AGE: Years 64 Months 4 Days 22 If less than one day hr. min.

9. Birthplace: St. Clair Co. (City, town, or county) Illinois (State or ~~foreign country~~)
10. Usual occupation: Farmer (Retired)
11. Industry or business: Agriculture
FATHER
12. Name: Henry Obernuefemann
13. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Mary Thomann
15. Birthplace: Evansville (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Henry Obernuefemann
(b) Address: R R #2 O'Fallon, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation: O'Fallon, Ill.
18. (a) Signature of funeral director: M. Heffernan
(b) Address: O'Fallon, Illinois
19. (a) NOV 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 7th year 1947 hour 3rd. minute 15 A.M.
21. I hereby certify that I attended the deceased from Nov. 3, 1947, 19..., to Nov. 7, 1947, 19...; that I last saw him alive on Nov. 7, 1947, 19...; and that death occurred on the date and hour stated above.

	Duration
~~Immediate cause of death~~: Myocarditis Chr	
Due to: Coronary Sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: No	
Of autopsy: No	

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? (Specify) Means of injury:
23. Signature: (M. D. or other)
Address: 4952 Maryland Ave. Date signed: 11/7

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Ellon R. H. Remelius

Licensed Embalmer No. 4283

P. O. Address O'Fallon · Ill.

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.