No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 22 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2912
Registrar's No. 358

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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1yr. 4mos. Ida. (Specify whether years, months or days)
In this community 50 yrs.

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. City Sanitarium-5300 Arsenal 9
(If rural, give location) 3
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: IDA BELLE OBERKRAMER
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: John Oberkramer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Feb. (Month) 18, (Day) 1884 (Year)

8. AGE:

Years	Months	Days	If less than one day
63	10	22	hr. min.

9. Birthplace: Crawford County (City, town, or county) – Mo. (State or foreign country) 0
10. Usual occupation: Nil
11. Industry or business:
FATHER 12. Name: Ben Rawsey
13. Birthplace: Illinois (City, town, or county) (State or foreign country) 1
MOTHER 14. Maiden name: Rhoda Stubblefield
15. Birthplace: Illinois (City, town, or county) (State or foreign country) 1
16. (a) Informant: Clara Robinson
(b) Address: 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation: New St. Marcus Cem.
18. (a) Signature of funeral director: Wm Schumacher
(b) Address: 3013 Meramec St.
19. (a) JAN 23 1948 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 10. year 1948 hour 3.15 minute P M.
21. I hereby certify that I attended the deceased from Sept. 9, 1946, to Jan. 10 1948; that I last saw her alive on Jan. 10 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal Obstruction	3 ds.
Due to: Not known cause of obstruction	
Hypertensive Heart Disease	10 yrsx/
Due to:	
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?
While at work? (Specify type of place) (e) Means of injury: 0
23. Signature: J. Schlenker (M. D. or other)
Address: 5400 Arsenal St. Date signed 1/11/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, 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.