. S. No. 2
OM—1/47
. 5-17-39

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

#58339

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 3 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10531

Registrar's No. 2769

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 G. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAY (Specify whether)

In this community 5 DAY
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town St LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3432A EADS AVE.
(If rural, give location)

(e) City of foreign country? Memorial (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME OBERJUERGE, FREDERICK

3. (b) If veteran, name war NONE

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife — —

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

7. Birth date of deceased JULY (Month) 31 (Day) 1872 (Year)

8. AGE: Years 75 Months 7 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace ST. LOUIS (City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business

FATHER
12. Name CARL OBERJUERGE
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name BARBARA ECKERT
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Martin Meyer
(b) Address 1711 McLaren

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 22/48 (Month) (Day) (Year)

(c) Place: burial or cremation CONCORDIA CEM.

18. (a) Signature of funeral director Diedrich F. Home
(b) Address 8319 Halls Ferry Rd

19. (a) MAR 21 1948 (Date received local registrar) (b) J. F. Bridek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1948 hour 4 minute 15 A M.

21. I hereby certify that I attended the deceased from 3/15/48 19..., to March 19th, 1948 19..., that I last saw him alive on March 19th, 1948 19..., 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
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)

While at work? (e) Means of injury

23. Signature P. S. O'E. Morrow M.D. (M. D. or other)

Address 1515 Lafayette Date signed 3/19/48

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.