

No. 300
-10-47
5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15250
Registrar's No. 13

FILED MAY 13 1948
Registration District No. 362

Primary Registration District No. 4531

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

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Warrenton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /

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

(d) Length of stay: In hospital or institution life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Warren 119

(c) City or town Warrenton
(If outside city or town limits, write "RURAL") /

(d) Street No. 0
(If rural, give location)

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

If yes, name country _____

3: (a) PRINT FULL NAME Martin S. Oberhellmann

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex male 0 5. Color or race white

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

6. (b) Name of husband or wife Emma Oberhellmann

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased June 26, 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1948 hour 10:15 minute P. M.

21. I hereby certify that I attended the deceased from 12-12-1946 to 4-19-1948
that I last saw him alive on 4-19-1948
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>9</u>	<u>23</u>	hr. min.

Immediate cause of death Coronary occlusion acute

Due to Arteriosclerosis, general, when

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Holstein Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

PHYSICIAN

Major findings:
Of operations _____
Of autopsy 148

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Henry Oberhellmann

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Bierbaum

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Martin Oberhellmann

(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof 4-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F.W. Nieburg & Co.

(b) Address Warrenton, Mo.

19. (a) 4-28-48 (b) Walter W. Waters
(Date received local registrar) (Registrar's signature)

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)

Means of injury _____

23. Signature Walter W. Waters (M. D. or other) 0

Address Warrenton, Mo. Date signed 4-22-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed
MAY 11 1948

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 John J. Shieling
Licensed Embalmer No. 3897
P. O. Address Warrenton, 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.