. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38998

Registration District No. 312 Primary Registration District No. 60776 Registrar's No. 2596

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether
In this community 1 year
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3917 Shellbark
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME OBERLIN, Edward
3. (b) If veteran, name war World I
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gretchen
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased March (Month) 10 (Day) 1890 (Year)

8. AGE: Years 58 Months 7 Days 26 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Water Treater
11. Industry or business
FATHER
12. Name John Oberlin
13. Birthplace (City, town, or county) Switzerland (State or foreign country)
MOTHER
14. Maiden name Anna Runge
15. Birthplace (City, town, or county) St. Louis, Mo. (State or foreign country)
16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation VALHALLA CEMETERY
18. (a) Signature of funeral director ~~Chas. H. Kron~~ A. Kron Lad
(b) Address 2707 N. Grand, St. Louis, Mo.
19. (a) 11-9-48 (Date received local registrar) (b) Cecil A. Z. Sharp, M.D. B.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6
year 1948 hour 1:15 minute P. M.
21. I hereby certify that I attended the deceased from October 30, 1948 to November 6, 1948;
that I last saw him alive on November 6, 1948;
and that death occurred on the date and hour stated above.
Immediate cause of death SPONGIOBLASTOMA, MULTIFORM FRONTAL LOBE, BILATERAL — Duration Unk.
Due to
Due to 54 a
Other conditions
(Include pregnancy within 3 months of death)
Major findings: Of operations 11/2/48 & 11/4/48 Craniotomy
Of autopsy No Autopsy performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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? L. E. Stilwell
23. Signature L.E.Stilwell, Chief, Professional Services (M. D. or other)
Address VAH., Jeff. Bks. Mo. Date signed 11/8/48

(Licensed Embalmer's Statement on Reverse Side)

FEB 25 1949

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 Stanley H. Dixon

Licensed Embalmer No. 4193

P. O. Address St. Louis

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.