

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10485

State File No. 2768

1003

318

Registrar's No. 2768

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO.		Registrar's No. 2768					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Lemay		6 0			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Enroute to City Hospital				d. STREET ADDRESS (If rural, give location) 213 W. Felton ave.				1			
3. NAME OF DECEASED (Type or Print)			a. (First) Rudolph		b. (Middle) O.		c. (Last) Obermeyer		4. DATE OF DEATH (Month) (Day) (Year) March 25 1949		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 1		8. DATE OF BIRTH June 27, 1928		9. AGE (In years last birthday) 20		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shipping Clerk				10b. KIND OF BUSINESS OR INDUSTRY Columbia Film Co.		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Albert Obermeyer				13b. MOTHER'S MAIDEN NAME Barbara Schaefer				14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown Merchant Marine				16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Obermeyer 213 W. Felton Lemay 23, Mo					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) An antecedent cause Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. F. S. 166						Interval between onset and death		19. DATE OF OPERATION Mar 25 1949	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo MO		20. AUTOPSY? Accident YES <input type="checkbox"/> NO <input type="checkbox"/>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 25 49 P. M. 11:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:30 p.m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner						23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5-28-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 29, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery		24d. LOCATION (City, town, or county) (State) GreenPk. Road & Lemay Lemay, Mo.					
DATE REC'D BY LOCAL MAR 28 1949		REGISTRAR'S SIGNATURE J. B. Rosater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway					

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

No. 300
10-48
51
W. R. 17

City of New York

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harry Schumacher

Licensed Embalmer No. 2679

P. O. Address 2814 S. Broadway

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.