

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17561**
4220

#97146

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | a. STATE Missouri b. COUNTY | |
| c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1. | | d. STREET ADDRESS (If rural, give location) 3306 Missouri Ave. | |

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|--|-------------|-----------|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) | b. (Middle) | c. (Last) | May 9th, 1949 | | |
| JOHN OBERKRAMER | | | | | |

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|-----------------------|----------------------------------|--|--|--|---|-------------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | 8. DATE OF BIRTH April 23 1882 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 6 HRS. Hours Min. |
|-----------------------|----------------------------------|--|--|--|---|-------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic | 10b. KIND OF BUSINESS OR INDUSTRY Busch Sulser | 11. BIRTHPLACE (State or foreign country) St. Louis Mo. | 12. CITIZEN OF WHAT COUNTRY? |
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| | | |
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| 13a. FATHER'S NAME Wm. Oberkraemer | 13b. MOTHER'S MAIDEN NAME Katherine Westmann | 14. NAME OF HUSBAND OR WIFE Ida. (Deceased) |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | 16. SOCIAL SECURITY NO. No. | 17. INFORMANT'S SIGNATURE OR NAME Harry Oberkreamer | ADDRESS 4323 Arco Ave. |
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| 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, ashenia, etc.: It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Site unk) | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 199B |
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22. I hereby certify that I attended the deceased from **4/30/49**, 19___, to **5/9/49**, 19___, that I last saw the deceased alive on **5/9/49**, 19___, and that death occurred at **11:30pm**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) St. Louis J. Bryan, M.D. | 23b. ADDRESS 1515 Lafayette Ave., | 23c. DATE SIGNED 5/10/49 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 5-12-1949 | 24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cem. | 24d. LOCATION (City, town, or county) (State) St. Louis County |
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|---|---|---|-----------------------------------|
| DATE REC'D BY LOCAL MAY 11 1949 | REGISTRAR'S SIGNATURE J B Lasater | 25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher | ADDRESS 3013 Meramec St |
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(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Jack Haupt

Student Embalmer No. *287*

working under my personal supervision.

Signed.....

Jack Haupt
Student Embalmer

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.