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

FILED SEP 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28961

State File No.

BIRTH NO. REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6077 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: STE GENEVIEVE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RIVER AUX VASES
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: STE GENEVIEVE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL BEAUVIOIS TS. 95 0
d. STREET ADDRESS (If rural, give location): 8

3. NAME OF DECEASED (Type or Print)
a. (First): ROSINE
b. (Middle):
c. (Last): OBERLE

4. DATE OF DEATH (Month) (Day) (Year): AUG 13 1949

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: NOV 14 1856
9. AGE (In years last birthday): 92 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): NEW OFFENBURG MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: PHILLIP STAAB
13b. MOTHER'S MAIDEN NAME: CATHERINE GEGG
14. NAME OF HUSBAND OR WIFE: WILLIAM OBERLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Mrs Emile Houso — **ADDRESS**: River aux Vase 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 8/3/49

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis — ?
DUE TO (c) Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 4 & 21

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/3, 1949, *to* 8/12, 1949, *that I last saw the deceased alive on* 8/12, 1949, *and that death occurred at* 2:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. L. Lanning (Degree or title) M.D.
23b. ADDRESS: Ste. Genevieve Mo
23c. DATE SIGNED: 8/13/49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG 16 1949
24c. NAME OF CEMETERY OR CREMATORY: ST. PHILLIP & JAMES
24d. LOCATION (City, town, or county) (State): RIVER AUX VASES MO

DATE REC'D BY LOCAL REG.: Aug. 22, 1949
REGISTRAR'S SIGNATURE: L. D. Karl per Teresa M. Karl
25. FUNERAL DIRECTOR'S SIGNATURE: Geo. C. Basler
ADDRESS: Ste. Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-26-49
District Health Officer No. 4
District File Number 849-1143
Date Filed

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 Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve 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.