

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7186

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **623**

1. PLACE OF DEATH a. COUNTY <b>St. Louis Villa Gesu</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL, and give township) <b>Rural</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>	
c. LENGTH OF STAY (in this place) <b>11 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>400'</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Villa Gesu</b>		VI. STREET ADDRESS (If rural, give location) <b>A. 3-Box 503 St. Louis Mo</b>	
3. NAME OF DECEASED a. (First) <b>Sister Mary</b> b. (Middle) <b>Thekla</b> c. (Last) <b>Oberhelmann</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 7 1950</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Dec 8 1862</b>
9. AGE (In years last birthday) <b>87</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	11. BIRTHPLACE (State or foreign country) <b>New Orleans La.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Henry Oberhelmann</b>	
14. MOTHER'S MAIDEN NAME <b>Caroline Oberhelmann</b>		15. NAME OF HUSBAND OR WIFE <b>Name</b>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		17. SOCIAL SECURITY NO. <b>None</b>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive cardiovascular disease</b> DUE TO (c) <b>Senility</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs</b>		21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
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 <b>March 1949</b> , to <b>3-7</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>2-27</b> , 19 <b>50</b> , and that death occurred at <b>9 a. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>J. Weyerich MD</b>		23b. ADDRESS <b>821 2<sup>nd</sup> 11. Broadway</b>	
23c. DATE SIGNED <b>3-7-50</b>		24. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
24a. BURIAL, CREMATION, OR DISPOSAL (Specify) <b>burial</b>		24b. DATE <b>March 10, 50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Villa Gesu</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL G. <b>MAR 10 1950</b>		REGISTRAR'S SIGNATURE <b>Robert R. Blonke</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Fendler Und, Co</b>		ADDRESS <b>7420 Michigan Ave.</b>	

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

400

**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.

Signed.....

*John Allen Davis Jr.*

Licensed Embalmer No. *4053*

Signed.....

Student Embalmer

P. O. Address.....

**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.