

FILED JUL 5 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21870**
5579
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give townships) OR TOWN **St. Louis,**
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **Park Lane Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) **2ND OR St. Louis,**
d. STREET ADDRESS (If rural, give location) **2239**
2419 S. 10th St.

3. NAME OF DECEASED
a. (First) **ELIZABETH** b. (Middle) _____ c. (Last) **OBERKIRSCH**
4. DATE OF DEATH (Month) (Day) (Year) **June 25 1950**
5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**
8. DATE OF BIRTH **October 2, 1883** 9. AGE (In years last birthday) **66**
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) **Austria, Hungary**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Michael Klasskin** 13b. MOTHER'S MAIDEN NAME **Anna Potyten** 14. NAME OF HUSBAND OR WIFE **John Oberkirsch (deceased)**
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **John S. Oberkirsch** ADDRESS **Rockhill, Mo. 807 Blossom Lane**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage, Rt. side.**
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.
19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **no surgery.** 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **321X**

22. I hereby certify that I attended the deceased from **6-21-**, 19**50**, to **6-25-**, 19**50**, that I last saw the deceased alive on **6-25-**, 19**50**, and that death occurred at **6:15 Pm.** from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) _____ 23b. ADDRESS **4930 Lindell Blvd. St. Louis, Mo.** 23c. DATE SIGNED **6-25-50**
24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **6/28/50** 24c. NAME OF CEMETERY OR CREMATORY **Resurrection Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **JUN 27 1950** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Gebken-Benz Mortuary 2842 Meramec St.**

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 ~~XXX~~ me

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Licensed Embalmer No. *4219*
2842 Meramec St.

Signed.....
Student Embalmer

P. O. Address *St. Louis, 18 Mol*

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.