

FILED MAR 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

10481

State File No.

Registrar's No. 1842

| | | | | | | | | | |
|---|---------------------------|--|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | Registrar's No. 1842 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) 6 TOWN PATTONVILLE | | 4060 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI BAPTIST HOSPITAL | | | | d. STREET ADDRESS (If rural, give location) BOX 82 | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) EDNA b. (Middle) K. c. (Last) OBERMEYER | | | 4. DATE OF DEATH (Month) (Day) (Year) FEB. 23, 1951 | | | | | | |
| 5. SEX Female | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH DEC. 12, 1892 | | 9. AGE (In years last birthday) 58 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) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY AT HOME | | 11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? 0 | | | |
| 13a. FATHER'S NAME FRED MANLET | | | 13b. MOTHER'S MAIDEN NAME MATTIE STEPHENS | | 14. NAME OF HUSBAND OR WIFE WILLIAM OBERMEYER | | | | |
| 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 ADDRESS MARIE GILDEHAUS PATTONVILLE, 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) Metastatic Carcinoma of Lungs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary Carcinoma of Left Breast DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 15 mos 27 mos (?) | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma Lt Breast Oct 20, 1949 | | | | | | 20. 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) _____ m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 170X | | | | | |
| 22. I hereby certify that I attended the deceased from Apr. 25, 1946, to Feb 23, 1951, that I last saw the deceased alive on Feb 23, 1951, and that death occurred at 11:30 P.M. from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) H. Kadajin | | | 23b. ADDRESS 505 Humboldt Bldg | | | 23c. DATE SIGNED 2/23/51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE FEB. 26, 1951 | | 24c. NAME OF CEMETERY OR CREMATORY ST. TRINITY CEMETERY | | 24d. LOCATION (City, town, or county) (State) GREEN PARK & LEMAY FERRY ROADS | | | |
| DATE REC'D BY REG. FEB 23 1951 | | REGISTRAR'S SIGNATURE J. M. Luster | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. HOFFMEISTER U. & L. CO. 7814 S. BROADWAY ST. LOUIS, MO | | | | | |

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

Null

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 J. Schumacher* _____

Licensed Embalmer No. *2679* _____

P. O. Address. *7814 1st 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.