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

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35463

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. 8957

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo.
c. LENGTH OF STAY (in this place) 14
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2149
d. STREET ADDRESS (If rural, give location) 5617 Devonshire 0

3. NAME OF DECEASED (Type or Print)
a. (First) Joseph F. b. (Middle) (Frederick J) c. (Last) Obermark
aka

4. DATE OF DEATH (Month) (Day) (Year) Oct. 8, 1951

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Aug. 21, 1879
9. AGE (In years last birthday) 72 — 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) retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME ~~Unknx~~Wm. Obermark
13b. MOTHER'S MAIDEN NAME ~~Unk~~Anna Hoevel
14. NAME OF HUSBAND OR WIFE Mary E. Obermark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 10-20-04*10-19-07
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Catherine G. Maynard **ADDRESS** 5617 Devonshire

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) Cerebral Hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 6 min.

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

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rt. lower lobe pneumonia 10 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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? 331X

22. *I hereby certify that I attended the deceased from* 9/6, 1951, *to* 10/8, 1951, *that I last saw the deceased alive on* 10/7, 1951, *and that death occurred at* 11a. *m., from the causes and on the date stated above.*

23a. SIGNATURE Frank Huck (Degree or title) M.D.
23b. ADDRESS Fenton, Mo.
23c. DATE SIGNED 10/10/51.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-11-51
24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) (State) Jeff. Brks, Mo.

DATE REC'D BY LOCAL REG. OCT 10 1951
REGISTRAR'S SIGNATURE J. Earl Smith M.D. K.P.
25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home **ADDRESS** 6322 S. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank Huck,
Scruggs Vandevert Barney
8th floor (Hospital)
1 to 3 p.m. (Ch. 7500)

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 David Van Fossen

Licensed Embalmer No. 4242

P. O. Address 6322 So Grand Ave

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.