

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Ob. No. 17491

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1145

1. PLACE OF DEATH a. COUNTY St. Louis		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 township) OR TOWN Pine Lawn		c. CITY OR TOWN Pine Lawn 415	
c. LENGTH OF STAY (In this place) 4 years		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6115 Vetter Place		e. STREET ADDRESS (If rural, give location) 6115 Vetter Place	
3. NAME OF DECEASED (Type or Print) a. (First) Martin		b. (Middle) G.	
		c. (Last) Oberschelp	
		4. DATE OF DEATH (Month) (Day) (Year) 5 - 16 - 1954	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7 - 6 - 1888	
9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Recorder		10b. KIND OF BUSINESS OR INDUSTRY St. Louis County	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Herman Oberschelp		13b. MOTHER'S MAIDEN NAME Johanna Wiegand	
14. NAME OF HUSBAND OR WIFE Augusta J. Oberschelp			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-36-7219	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Augusta Oberschelp		ADDRESS 6115 Vetter Place	
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) Coronary Occlusion Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Hypertension DUE TO (c) Atrial Fibrillation II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 1 year 1 year 1 year			
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		4201	
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) (Min.)		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 May 15, 1954, to May 16, 1954, that I last saw the deceased alive on May 15, 1954, and that death occurred at 1 a. m., from the causes and on the date stated above.			
23a. SIGNATURE Scott Newer, M.D.		23b. ADDRESS 634 N. Grand Blvd.	
23c. DATE SIGNED May 16, 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/18/54	
24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	
DATE REC'D BY LOCAL REG. 5/17/54		REGISTRAR'S SIGNATURE Herbert B. Sontag	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Drehmann-Harral 1905 Union Blvd.	

(Licensed Embalmer - Statement on Reverse Side)

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

0.300  
0.48

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.....  
Signature of Student Embalmer

Signed *Warren A. Carve*.....

Licensed Embalmer No. *35*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.