

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39171

State File No. ....

FILED NOV 29 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 2553

1. PLACE OF DEATH a. COUNTY <b>Saint Louis</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 town or township) <b>Jennings,</b>	c. LENGTH OF STAY (in this place) <b>2 Months,</b>	c. CITY OR TOWN <b>Jennings</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8338 Osborn, 21</b>		e. STREET ADDRESS (If rural, give location) <b>8338 Osborn, 21,</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EMMA</b>	b. (Middle) <b>S.</b>	c. (Last) <b>OBERMEYER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 2nd, 1955</b>
----------------------------------------	------------------------	-----------------------	----------------------------	-------------------------------------------------------------------

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 2nd, 1878</b>	9. AGE (in years last birthday) <b>76</b>	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) <b>Housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
-----------------------------------------------------------------------------------------------------------------	------------------------------------------------------	----------------------------------------------------------------------------------	--------------------------------------------

13a. FATHER'S NAME <b>John Bredenkoetter</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Brettman</b>	14. NAME OF HUSBAND OR WIFE <b>Late Fred H. Obermeyer</b>
-------------------------------------------------	-----------------------------------------------------	--------------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Harry Bredenkoetter, 1213 North Market St., 6</b>	ADDRESS <b>1213 North Market St., 6</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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Subarachnoid hemorrhage</b>	DUE TO (b) <b>Hypertensive Vascular Disease</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. 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) <b>443x</b>
------------------------------------------	------------------------------------------------------------------------------------------	----------------------------------------------------------------

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?
----------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------

22. I hereby certify that I attended the deceased from 11/1, 1955, to 11/2, 1955, that I last saw the deceased alive on 11/1, 1955, and that death occurred at 6:50A m., from the causes and on the date stated above.

23a. SIGNATURE <b>H. F. Bergman</b>	(Degree or title) <b>M.D.</b>	23b. ADDRESS <b>3220 Washington</b>	23c. DATE SIGNED <b>11/3/55</b>
----------------------------------------	-------------------------------	----------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/4/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Bethlehem Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>
------------------------------------------------------------	-----------------------------	---------------------------------------------------------------------	------------------------------------------------------------------------------------

DATE REC'D BY LOCAL DES. <b>11-3-55</b>	REGISTRAR'S SIGNATURE <b>Dorbert R. Donahue</b>	FUNERAL DIRECTOR'S SIGNATURE <b>CALVIN F. FEUTZ, 4528 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15. Mo.</b>
--------------------------------------------	----------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

(Licensed Embalmer's 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 *John A. Minna*..... Licensed Embalmer No..... 418

P. O. Address *St. Lucie*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.