

FILED APR 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14766**BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **763**

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 township) St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		c. CITY OR TOWN 4000 Bellefontaine Nabors d. In Residence within limits of a city or incorporated town? <input type="checkbox"/> No <input type="checkbox"/> Yes	
e. STREET ADDRESS 9334 Melanie		3. NAME OF DECEASED a. (First) Baby b. (Middle) Oberreither c. (Last)	
4. DATE OF DEATH Jan. 22, 1956		5. SEX Male 6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Jan. 22, 1956	
9. AGE (In years last birthday) 14 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Co., Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Edward Oberreither	
13b. MOTHER'S MAIDEN NAME Juanita Olive		14. NAME OF HUSBAND OR WIFE None	
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. None	
17. INFORMANT'S SIGNATURE OR NAME Edward Oberreither		ADDRESS 9334 Melanie	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Skeletal 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 762.5	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 1-22-1956 , to 1-22, 1956 , that I last saw the deceased alive on 1-22, 1956 , and that death occurred at 1:50 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) W. C. Gert		23b. ADDRESS M. D. 8700 Riverview	
23c. DATE SIGNED 1-23-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 1-24-56		24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		DATE REC'D BY LOCAL REG. JAN 23 1956	
REGISTRAR'S SIGNATURE Cash Smith		25. FUNERAL DIRECTOR'S SIGNATURE Morrell Funeral Home	
ADDRESS 4212 St. Louis		26. (Licensed Embalmer's Statement on Reverse Side)	

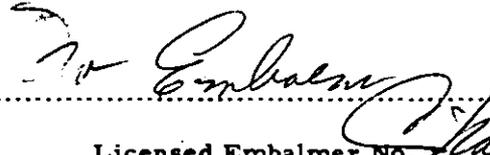
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....


Licensed Embalmer No.....

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.