

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42416

State File No.

FILED DEC 13 1957

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11615

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JEFFERSON</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS (City)</u>		c. LENGTH OF STAY (In this place) <u>2 WEEKS</u>	c. CITY OR TOWN <u>PACIFIC</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>Full</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>02 ALEXIAN BROTHERS HOSP.</u>			e. STREET ADDRESS (If rural, give location) <u>29 R.R. MERAMEC TOWNSHIP</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUST</u>		b. (Middle) <u>OBERKRAMER</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 2 - 1957</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN 4 - 1883</u>		9. AGE (In years last birthday) <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOTO BODY BUILDER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FOTO. INDUSTRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS - Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM OBERKRAMER</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY J. OBERKRAMER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>NO</u>		16. SOCIAL SECURITY NO. <u>492-10-3716</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W.F. Oberkramer</u>		ADDRESS <u>Pacific Mo RR.</u>		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.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>adenocarcinoma of st lung</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>163x</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia, labor right leg.</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.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 <u>11-18-57</u> , 19___, to <u>12-2-57</u> , 19___, that I last saw the deceased alive on <u>12-2-57</u> , 19___, and that death occurred at <u>11 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John J. Conolly M.D.</u>		23b. ADDRESS <u>5203 Chippin</u>		23c. DATE SIGNED <u>12-5-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/5/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CEDAR HILL BAPT. CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>CEDAR Hill - Mo</u>		DATE REC'D BY LOCAL REG. <u>DEC 3 '57</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Prime Funeral Home</u>		ADDRESS <u>Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Prime Funeral Home</u>	

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

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 *Harvey Stahl*.....

Licensed Embalmer No. *4596*.....

P. O. Address *Flouissant, M.*.....

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.