

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-006831

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 64

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|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>ST FRANCIS</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>STE. GENEVIEVE</b>  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural St. Francois Twp</b> Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/> |  | c. CITY OR TOWN <b>STE. GENEVIEVE</b> 0950 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                       |  |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MINERAL AREA</b> Length of stay in 1b <b>4 DAYS</b>  |  | d. STREET ADDRESS (If outside, give location) <b>150 N MAIN</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><b>MARY CATHERINE OBERLE</b> |  |  | 4. DATE OF DEATH Month Day Year<br><b>FEB 16 1959</b> |  |  |
|---|--|--|---|--|--|

|                      |                               |  |                                     |   |   |                             |
|----------------------|-------------------------------|--|-------------------------------------|---|---|-----------------------------|
| 5. SEX <b>FEMALE</b> | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <b>MAR 30 1879</b> | 9. AGE (In years last birthday) <b>79</b> | IF UNDER 1 YEAR Months <b>10</b> Days <b>16</b> | IF UNDER 24 HRS. Hours Min. |
|----------------------|-------------------------------|--|-------------------------------------|---|---|-----------------------------|

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|--|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ATHLETE</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <b>STE GENEVIEVE MO</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
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|---|---|-----------------------------|
| 13a. FATHER'S NAME <b>JOSEPH OBERLE</b> | 13b. MOTHER'S MAIDEN NAME <b>BERNADINE WEISER</b> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT <b>Fred Oberle Ste. Genevieve Mo</b> Address |
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|--|--|--|--------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Hypostatic Pneumonia</b>               |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 day</b>   |              |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>arteriosclerotic Heart Disease</b> |  | <b>4 day</b> |
|  | DUE TO (c)                                       |  |              |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Cholesterol - Fenofibrate 4200</b> |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |              |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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|  |   |  |   |
|--|---|--|---|
| 20c. TIME OF INJURY Hour Month, Day, Year<br>a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from Death occurred at <b>Feb 12, 1959 to Feb 16, 1959</b> and last saw her alive on <b>Feb 16, 1959</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |
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|                                       |                                     |                                 |
|---------------------------------------|-------------------------------------|---------------------------------|
| 22a. SIGNATURE <b>L. M. Stanfield</b> | 22b. ADDRESS <b>Harmonington Mo</b> | 22c. DATE SIGNED <b>2-18-59</b> |
|---------------------------------------|-------------------------------------|---------------------------------|

|   |                |                                    |   |
|---|----------------|------------------------------------|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE      | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| <b>BURIAL</b>                             | <b>2/19/59</b> | <b>VALLE SPRING CEM.</b>           | <b>STE. GENEVIEVE MO</b>                      |

|  |   |   |
|--|---|---|
| 24. FUNERAL DIRECTOR <b>Sec. Bash, Ste. Genevieve Mo</b> ADDRESS | 25. DATE RECD. BY LOCAL REG. <b>Feb. 18, 1959</b> | 26. REGISTRAR'S SIGNATURE <b>Erther Rudloff</b> |
|--|---|---|

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

SEP 5 1956

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 *William J. Miller* .....

Licensed Embalmer No. *4740* .....

P. O. Address *St. Petersburg* .....

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.