MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1888 STATE FILE NUMBER 61-006779

FILED VS MAR 7 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Length of stay in 1b: DOA
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): City Hospital NO 1 — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St Louis
c. CITY OR TOWN: Mehlville — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4872 Theiss Rd — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First William Middle J Last Obert
4. DATE OF DEATH: Month Feb Day 21st Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Apr. 30 1898
9. AGE (last birthday): 62 — IF UNDER 1 YEAR: Months 9 Days 22 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Photo In Graver
10b. KIND OF BUSINESS OR INDUSTRY: St Louis Post Dispatch
11. BIRTHPLACE (City and state or country): St Louis Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William J Obert Sr
13b. MOTHER'S MAIDEN NAME: Katherine Range
14. NAME OF ~~HUSBAND OR~~ WIFE: Rose S Obert
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT: Rose S Obert — Address: 4872 Theiss Rd St Louis 29, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 min
Conditions if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) arteriosclerosis, generalized — 5 hrs
DUE TO (c) 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Emphysema
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

Jay M Fuson
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19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 1957 to Feb 1961 and last saw him alive on Jan 20, 1961
Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D. W. Fuson M.D.
22b. ADDRESS: 100 N. Euclid
22c. DATE SIGNED: 2-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb 25 1961
23c. NAME OF CEMETERY OR CREMATORY: Assumption Cem
23d. LOCATION (City, town, or county) (State): Mattese, Mo.
24. FUNERAL DIRECTOR: Fey Funeral Home, Mehlville Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: FEB 24 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Gustav W Dietrich

Licensed Embalmer No. 4329

P. O. Address St Louis Mo

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.