MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-011335
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3249

AMENDED

FILED APR 14 1961

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, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b

c. CITY OR TOWN Ladue — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 415 Greenfield Drive — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First FREDERICK Middle H. Last OBERBECK

4. DATE OF DEATH Month April Day 5 Year 1961

5. SEX male

6. COLOR OR RACE white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Aug. 14, 1890

9. AGE (last birthday) 70 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, Supt. Howard Bend Water Works

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Gray Summit, Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Fred C. Oberbeck

13b. MOTHER'S MAIDEN NAME Henrietta Tracht

14. NAME OF HUSBAND OR WIFE Emma A. Oberbeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

17. INFORMANT Address Kirkwood Mo. Mr. William F. Oberbeck 27 Orchard La.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary embolus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease
DUE TO (c) 420.0H
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma right lung.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 June 6, 1955, to April 5, 1961 and last saw her/him alive on April 4, 1961
Death occurred at 3:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugo F. Bergman M.D.

22b. ADDRESS 3720 Washington

22c. DATE SIGNED 4/6/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 4-7-1961

23c. NAME OF CEMETERY OR CREMATORY City Cemetery (Owensville)

23d. LOCATION (City, town, or county) (State) Owensville, Missouri.

24. FUNERAL DIRECTOR ADDRESS C.R. Lupton and Sons 7233 Delmar Blv'd.

25. DATE RECD. BY LOCAL REG. APR 6 1961

26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF | MEDICAL CERTIFICATION

Oberbeck
City Vise....

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_____ Signed Arnold W. Schoene
Signature of Student Embalmer

Licensed Embalmer No. 3864

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.