MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3451 -61-015501 STATE FILE NUMBER

FILED APR 24 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 31 yrs.

c. CITY OR TOWN St. Louis — Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5611 Sutherland — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 5611 Sutherland — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Benona — Middle Thompson — Last Obermiller

4. DATE OF DEATH: Month Apr. — Day 10 — Year 1961

5. SEX: F

6. COLOR OR RACE: W

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2/28/1893

9. AGE (last birthday): 68 — 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

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (City and state or country): Tipelo, Miss.

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

13a. FATHER'S NAME: Houston Thompson

13b. MOTHER'S MAIDEN NAME: Dixie Farabee

14. NAME OF HUSBAND OR WIFE: Robin E. Obermiller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT: Mrs. Eugenia B. Kaletta — Address: 533 Beaucaire Dr.

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) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 18 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 200.1

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

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 Feb. 1940, to 4/10/61 and last saw her alive on 4/9/61

Death occurred at 4:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank A. Bailey MD.

22b. ADDRESS: 3108 South Grand

22c. DATE SIGNED: 4/11/61

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

23b. DATE: Apr. 13, 1961

23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: Hoffmeister Colonial Mortuary — ADDRESS: 6464 Chippewa St. St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.: APR 11 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 John L Dennehy

Licensed Embalmer No. 4194

P. O. Address St. Louis

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.