

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

22111

1. PLACE OF DEATH

County..... Registration District No. 73 File No.
 Township..... Primary Registration District No. 73 Registered No. 6862
 City St Louis (No. no Baptist Hospital) St. Ward)

2. FULL NAME

Henry A Oberbeck

(a) Residence No. 2327 Park St. 15 Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maria Oberbeck

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17 - 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 3 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mail Carrier
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Christian Oberbeck

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Francis Schaefer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

14. INFORMANT Olliver E Oberbeck
 (Address) 4015 McRee Ave

15. AUG 26 1921 May C Starkoff
 FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 26 1921

17. I HEREBY CERTIFY That I attended deceased from June 22, 1921 to Aug 26, 1921, and that I last saw him alive on Aug 26, 1921, and that death occurred, on the date stated above, at 2:50 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Prostate Gland

510

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTACTED

IF NOT AT PLACE OF DEATH? HA

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) N H Thannowsky, M. D.

, 19 (Address) 458 Arden Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bellefontaine DATE OF BURIAL Aug 28 19 21

20. UNDERTAKER Clement and Co S Grand Ave ADDRESS 2217