

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

Do not use this space.

4198

1. PLACE OF DEATH

County..... Registration District No. 4751

Township..... Primary Registration District No. 3000

City St. Louis (No. City Hospital)

File No.

Registered No. 1186

St. Ward)

2. FULL NAME

(a) Residence, No. 2920 Arkansas St. Ward. 16

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 7-1863</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>11</u>
	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cigar maker</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unemployed</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Baltimore Maryland</u>		
FATHER	13. NAME <u>Auguste Lobert</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Block</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT (ADDRESS) <u>Hospital Informant City Hospital</u>	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Bethany</u>	DATE <u>Feb 3 1933</u>	
19. UNDERTAKER (ADDRESS) <u>A. W. McLaughlin 1634 W. Missouri Ave</u>		
20. FILED <u>FEB - 3 1933</u> <u>C. J. Stanley</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31st 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5th 1933 to Jan. 31st 1933

I last saw him alive on Jan. 31st 1933 Death is said to have occurred on the date stated above, at 5:10 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma prostate with metastases to pelvis and spine Date of onset 5:10

Other contributory causes of importance: 5:32 2:30 5:10

Name of operation Clinical Date of No.

What test confirmed diagnosis? No. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify W. Macvish M. D.

(Signed) W. Macvish (Address) City Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PRINT WITH UNFADING INK—THIS IS A PERMANENT RECORD

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10
10

Handwritten signature or scribble at the top right corner.