

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

Do not use this space.

110126

1. PLACE OF DEATH

County St. Louis Registration District No. 7128 File No. _____
 Township Carondelet Primary Registration District No. 6548 Registered No. _____
 City Miller + Green Park Rds. (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. R.F.D. # 8 St. _____ Ward Jefferson Bks. Mo.
 (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 <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>July 17, 1860</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>7</u>
	DAYS <u>20</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>Carpenter 167</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired 45</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <u>52</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>affton. Mo.</u>		
MOTHER FATHER	13. NAME <u>Frederick Lobbig</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Unavailable</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable</u>	
17. INFORMANT <u>Mrs L. Hugel</u> (ADDRESS) <u>R.F.D. # 8 Jeff Bks. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Johns Evangel. Ch.</u> DATE <u>March 11, 1938</u>		
19. UNDERTAKER <u>C. Hoffmeister, Inc. L. Co.</u> (ADDRESS) <u>781 1/2 So. Broadway</u>		
20. FILED <u>April 11, 1938</u> <u>L. Ellwood</u>		

(B) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Me. the jury find this a clear case of suicide by gun shot wound through the head, by sticking gun barrel in mouth & pulling trigger with stick. This was all called by

Other contributory causes of importance:
degeneracy caused by progressive cancer of face, mouth, tongue and neck.

Name of operation _____ Date of _____

What test confirmed diagnosis? 107 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? suicide Date of injury 3/9, 1938
 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 _____
 (Signed) John B. Turner, M.D.
 (Address) 3918 Jennings Rd
St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

