

1936 MAR 7

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

Do not use this space.

791

8109

1. PLACE OF DEATH

County Registration District No. 1008
Township Primary Registration District No. Morrison
City St. Louis (No. 1231) Missouri

File No.
Registered No. 1787
St. Ward

2. FULL NAME

Helen Lobin
(a) Residence, No. 1231 Morrison St., 22 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Oscar Lobin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 29 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 2 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tibal bitters

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) Hungary

13. NAME Emma Kolnes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

15. MAIDEN NAME Ankerson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Emma Froelich 2929 S Jefferson av.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. J. Peter's Ch. DATE 2-19-36

19. UNDERTAKER (ADDRESS) With Bro. & Co. 2929 S Jefferson av.

20. FILED FEB 18 1936 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 16 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1 1936 to Feb. 16 1936
I last saw him alive on Feb. 16 1936. Death is said to have occurred on the date stated above, at 3:45 p.m.

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

Pulmonary Tuberculosis
Date of onset 5 mo.

Other contributory causes of importance: 73

Name of operation Date of
What test confirmed diagnosis? 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? no
If so, specify

(Signed) H. H. ... M. D.
(Address) 3014 S. Jefferson

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.

