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.

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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3217

Township ..... Primary Registration District No. 1003 Registered No. 243

City St. Louis (No. Missouri Pacific Hospital, St. ..... Ward)

2. FULL NAME Richard Sobeck

(a) Residence, No. 901 Hickory Street St. Ward. 22
(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): unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15th. 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	4	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman, 182.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Missouri Pacific R. R.

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) Unknown 31

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) Robert [illegible] Hospital records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE 1/7/37 19

19. UNDERTAKER (ADDRESS) Wm. Schumacher 3013 Mesamer St.

20. FILED JAN 6 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1936 to Jan. 2, 1937

I last saw him alive on Jan. 2, 1937 Death is said to have occurred on the date stated above, at 9 35/P m.

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

	Date of onset
Chronic myocarditis	1933
93C	

Other contributory causes of importance:

Bronchial asthma	1926
Senile emphysema Non SB	1932

Name of operation ..... Date of .....

What test confirmed diagnosis? X ray 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) Marvin T. Hau, J. M. D.

(Address) Mo. Pacific Hospital

69 years
crossing Wetlands
aug 18 1919