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.

APR 27 1937

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

Do not use this space.

File No. 13570
Registered No. 130

1. PLACE OF DEATH

County Saint Louis — Registration District No. 1123
Township Carondelet — Primary Registration District No. 6248 B
City Jefferson Barracks (No. Vets. Adm. Fac. St. Ward)

2. FULL NAME William F. LOBSINGER

(a) Residence, No. 404 Mascoutah Avenue St., Ward. Belleville, Illinois.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. Unkn. 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: Mrs. Anna Lobsinger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 13, 1891

7. AGE: YEARS 46 — MONTHS 2 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sheet Metal Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown
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): Belleville, Illinois

FATHER
13. NAME: Unavailable
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Unavailable

MOTHER
15. MAIDEN NAME: Unavailable
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Unavailable

17. INFORMANT (ADDRESS): Clinical Clerk M. Schillig VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Hill Belleville DATE 3/27 1937

19. UNDERTAKER (ADDRESS): M. K. Schwartz Belleville, Ill. Otto Schweitzer Jos.

20. FILED Mar 24 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 23, 1937, to March 24, 1937
I last saw him alive on March 24, 1937. Death is said to have occurred on the date stated above, at 4:15A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease; aortic insufficiency and mitral insufficiency.	Unkn.

Other contributory causes of importance:
Myocarditis with hypertrophy and dilatation; congestive type of cardiac failure.

Name of operation None Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory 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

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.