JUN 12 1937

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

Do not use this space.

File No. 18520

Registered No. 5096

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital No. 1 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

C 2199

2. FULL NAME Susan Wobbe

(a) Residence, No. 3615 a Michigan St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1848

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
88	9	2	

OCCUPATION

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

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

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) Illinois

FATHER

13. NAME Unknown Altgilber

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Hosp. Info. MH. Kant
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE SS. Peter&Paul DATE 5-22-37, 19

19. UNDERTAKER Southern Funeral Home
(ADDRESS) 6322 S. Grand Blvd.,

20. FILED MAY 21 1937, 19 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/18/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/15/37, 19 to 5/18/37, 19

I last saw her alive on 5/18/37, 19 Death is said to have occurred on the date stated above, at 6.50p m.

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

General Arteriosclerosis

Pulmonary Infarction

non Tuberculous

Date of onset

Other contributory causes of importance:

97

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? yes

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) A W Hanes, M. D.

(Address) City Hospital No 1.

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 PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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