DEC 13 1937

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

791 1

40006
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 1003 Registered No. 10993

(b) Township..... Primary Registration District No.....

(c) City ST. LOUIS (d) Street No. 4500 WASHINGTON BLVD. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ~~HE~~ JOHN HOBLAR

(a) Residence, No. 4500 WASHINGTON BLVD St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 29. 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	83	10	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Janitor

9. Industry or business in which work was done, as 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) ST. LOUIS · MO.

FATHER

13. NAME HENRY HOBLAR

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

MOTHER

15. MAIDEN NAME SOPHIA - (UNKNOWN)

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

17. INFORMANT Dr. Olga Bergman
(ADDRESS) 4500 Washington Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cemetery DATE Nov. 29, 1937

19. FUNERAL DIRECTOR Wm. M. Schumacher
(ADDRESS) 4834 Natural Bridge

20. FILED NOV 29 1937 19 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1937, to Nov. 27, 1937

I last saw h~~im~~ alive on Nov. 24, 1937. Death is said to have occurred on the date stated above, at 2:45 p.m.

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

	Date of onset
Auricular Fibrillation	

Other contributory causes of importance:

Chr. Myocarditis

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. F. Bergman, M. D.

(Address) 3720 Washington

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, Howard F. Rowland, Licensed Embalmer No. 3114

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)