A. Freeman

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

REC'D APR 13 1939

12086
Do not use this space.

1. PLACE OF DEATH
(a) County St Charles 2
(b) Township 1
(c) or City St. Charles, Mo.
Registration District No. 757
Primary Registration District No. 3036
Registered No. 59
(d) Street No. 300 Boonslick Road 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. 120 3
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME August Kobush
(a) Residence, No. 300 Boonslick St Charles Mo St.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1854

7. AGE: YEARS 84 | MONTHS 3 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Bielefeld Prussia

FATHER
13. NAME William Kobush 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bielefeld Prussia 7

MOTHER
15. MAIDEN NAME Unknown 7
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prussia 7

17. INFORMANT (ADDRESS) Mrs. Ed. Shatro 300 Boonslick Rd. St Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Johns Cemetery St. Charles, Mo. DATE March 24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. C. Dallmeyer & Sons Co St. Charles, Mo.

20. FILED 3/22 1939 Clarence G. Wessler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1937, to Mar 21, 1939
I last saw him alive on Mar 21, 1939. Death is said to have occurred on the date stated above, at 4:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage Apoplexy	May 13 1938
9 J W	

Other contributory causes of importance:

Valvular Disease of heart Mitral regurgitation	Oct 19 1937

Name of operation none Date of none
What test confirmed diagnosis? Physical Ex. & history Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify none
(Signed) Will L Freeman, M. D.
(Address) St Charles Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

X16603

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.