

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. **791**

Primary Registration District No. _____

Registrar's No. **8987**

1. PLACE OF DEATH: **1003**

(a) County **MO**

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **1**

(c) City or town **Webster Groves**
(If outside city or town limits, write "RURAL")

(d) Street No. **1034 W Big Bend Rd.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Olga Kobes 123**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Joseph N. Kobes**

6. (c) Age of husband or wife if alive **Abt 48** years

7. Birth date of deceased **April 24 1903**
(Month) (Day) (Year)

8. AGE: Years **36** Months **5** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife 6**

11. Industry or business **Housewife 0**

12. Name **Henry Juerling**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Knehans**

15. Birthplace **Franklin County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Joseph N. Kobes**

(b) Address **1034 W. Big Bend Rd.**

17. (a) **Burial** (b) Date thereof **10-23-39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lakewood Park**

18. (a) Signature of funeral director **Kriegshauser Mortuary**

(b) Address **4228 So. Kingshighway**

19. (a) **OCT 22 1938** (b) **J. B. Buehler**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **20th** year **1939** hour **8:30** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **Oct 20**, 19**39**, to **Oct 20**, 19**39**.

that I last saw h **er** alive on **Oct 20** and that death occurred on the date and hour stated above.

Immediate cause of death **Par. Tuber. Shake -**

Duration _____

Due to **Pregnancy Toxemia Hypertension - nephritis**

Due to **7**

Other conditions **Pregnancy - 9 mo.**
(Include pregnancy within 3 months of death)

Major findings: **Full term pregnancy living child.**

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(a) Means of injury _____

23. Signature **J. B. Buehler** (M. D. or other) _____

Address **634 N. Grand Bl** Date signed **10/24/39**

REV. 5-17-39 I X19511

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Mr E. Lee Bennett
nos 227 So Maple
Ne: 1135 before 8³⁰

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

P. O. Address.....

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.)

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