

No. 2  
1-10-37  
17-37  
X21492

MAY 15 1940  
Registration District No. **791**

Primary Registration District No. **1003**

State File No. \_\_\_\_\_  
Registrar's No. **3258**

**1. PLACE OF DEATH:**  
(a) County **1**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Louis City Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 weeks**  
(Specify whether years, months or days) **10 yrs.**

**3. (a) PRINT FULL NAME** **Jeanette Tobbiner** **156**  
**8. (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** **Widowed**  
**6. (b) Name of husband or wife** **Edward** **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** **January 15, 1857**  
(Month) (Day) (Year)

**8. AGE:** Years **83** Months **2** Days **23** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** \_\_\_\_\_ (City, town, or county) **Germany** (State or foreign country)

**10. Usual occupation** **At Home**

**11. Industry or business**  
**12. Name** **William Wagner**  
**13. Birthplace** **Germany**  
**14. Maiden name** **Maria Vogelcang**  
**15. Birthplace** **Germany**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Ida Klingeman**  
**(b) Address** **4714 Minnesota ave.**

**17. (a) Burial** (Burial, cremation, or removal) **April 10, 40** (b) Date thereof (Month) (Day) (Year)  
**(c) Place: burial or cremation** **Parklawn Cemetery**

**18. (a) Signature of funeral director** **C. Hoffmeister & Co.**  
**(b) Address** **7814 S. Broadway**

**19. (a) APR 9 1940** (b) **J. F. Bradeck**  
(If received local registrar)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")  
(d) Street No. **617 Dover Pl.** (If rural, give location)  
(e) If foreign born, how long in U. S. A.? **60** years.

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **April** day **7** year **1940** hour **9:00** minute **P.** M.

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_; and that I last saw him \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture Right Hip, Pelvis, and Sternum**

**Dr. H. J. Jensen (Pathologist)**  
Patient's history: **fell to floor of home**

Other conditions: **fracture of humerus 6-17-1940**

Major findings: **Of operation Feb 22 1940 class 500**  
Of autopsy: **Accident**

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify) **Accident**  
(b) Date of occurrence **2/22/40**

(c) Where did injury occur? **Home** (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)  
Means of injury **fall**

**23. Signature** **J. F. Bradeck** (M. D. or other) **5**  
Address **Depue, Missouri** Date signed **4.9.40**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration  
Physician  
Under the cause to which death should be charged statistically.

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**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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

**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.**