

No. 2  
13-40  
17-39  
X23139

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
(Specify whether years, months or days)  
In this community 72 years

3. (a) PRINT FULL NAME Frederick J. Kobusch

3. (b) If veteran name was None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Lizzie Kobusch 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 17, 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 6 12 hr. min.

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

10. Usual occupation Hardware (Retired)

11. Industry or business \_\_\_\_\_

12. Name Henry Kobusch

13. Birthplace Germany

14. Maiden name Amelia Schuermann

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

16. (a) Informant Mr Thos. Thiel

(b) Address 4450 Penrose St.

17. (c) Burial (b) Date thereof 1/1/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 31 1940 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

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. 1391a Granville Pl.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 72 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th  
year 1940 hour 9:13 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Dec 29th, 1940, to Dec 29th, 1940:  
that I last saw him alive on Dec 29th, 1940  
and that death occurred on the date and hour stated above.  
Immediate cause of death Acute Pulmonary Edema 12 hrs Duration \_\_\_\_\_

Due to Hypertension - Myocardiosclerosis  
Chronic Nephritis  
Due to Samuel's duration  
Unknown; probably several months  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations No operation  
Of autopsy None  
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) (e) Means of injury \_\_\_\_\_

23. Signature J. F. Bredeck (M. D. number) \_\_\_\_\_  
Address 17801 Lee Ave Date signed 12-31-40

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

**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. 2967

P. O. Address St. Louis, Mo

**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, fact should be so stated above.**