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

FILED MAY 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14919

Registration District No. 475 Primary Registration District No. 5580 Registrar's No. 14-83

1. PLACE OF DEATH:

(a) County JEFFERSON

(b) City or town RURAL — MERAMEC (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOSEPH'S HILL INFIRMARY (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 YRS., 8 MONTHS 16 DAYS (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

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

(d) Street No. — (If rural, give location) 0

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

3. (a) PRINT FULL NAME JOSEPH SCHOBESBERGER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of ~~husband or~~ wife BARBARA BLUM

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 12 (Month) 30 (Day) 1877 (Year)

8. AGE: Years 63 Months 4 Days 3 If less than one day — hr. — min.

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

10. Usual occupation SHOEMAKER, RETIRED

11. Industry or business —

MOTHER FATHER

12. Name JOHN SCHOBESBERGER

13. Birthplace — (City, town, or county) HUNGARY (State or foreign country)

14. Maiden name ANNA KEISER

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

16. (a) Informant Brother Bonaventure

(b) Address St. Joseph's Hill Infirmary

17. (a) ~~Removal~~ Burial (b) Date thereof May 5-1941 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph Cem. Manchester, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) 3 May 1941 (Date received by local registrar) (b) James A. Ferguson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 (MAY) day 3RD year 1941 hour 10 minute — A.M.

21. I hereby certify that I attended the deceased from AUGUST 18, 1938, to MAY 2ND, 1941; that I last saw him alive on MAY 2ND, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: LOBAR PNEUMONIA	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)

While at work? (e) Means of injury

Signature Jesse S. Sargent M.D. (M.D. or other)

Address Eureka, Mo. Date signed 5/9/41

(Licensed Embalmer's Statement on Reverse Side)

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 Theo Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin, Mo.

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

If this body is not embalmed, fact should be so stated above.