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BUREAU OF THE CENSUS  
FILLED NOV 24 1941

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **8367**

1. PLACE OF DEATH:

(a) County **ST. LOUIS MO**  
(b) City or town **ST. LOUIS MO**  
(c) Name of hospital or institution **4618 BESSIE AV. 1**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
**LIFE** (Specify whether years, months or days)

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. **4618 BESSIE AV.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **BERNARD J. HOBOLD**

3. (b) If veteran, name war **NONE**  
3. (c) Social Security No. **490-01-7896**

4. Sex **MALE** 5. Color or race **WHITE**  
6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **HARRIET HOBOLD**  
6. (c) Age of husband or wife if alive **35** years

7. Birth date of deceased **SEPT. 9<sup>TH</sup> 1898**  
(Month) (Day) (Year)

8. AGE: Years **43** Months **1** Days **11**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **ST. LOUIS MO. U**  
(City, town, or county) (State or foreign country)

10. Usual occupation **INSURANCE BROKER**

11. Industry or business **MEYER INS. AGENCY**

12. Name **BERNARD J. HOBOLD.**

13. Birthplace **QUINCY ILL. I**  
(City, town, or county) (State or foreign country)

14. Maiden name **JOSEPHINE HELLARDNG**  
(City, town, or county) (State or foreign country)

15. Birthplace **FREEBURG ILL. I**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Harriet Hobold**

(b) Address **4618 Bessie Ave.**

17. (a) **BURIAL** (b) Date thereof **OCT 28 = 41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEM.**

18. (a) Signature of funeral director **Brockland and Co**  
(b) Address **1827 HOGAN STR.**

19. (a) **OCT 22 1941** (b) **J. J. Brudek**  
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCT.** day **20<sup>TH</sup>**  
year **1941.** hour **7-** minute **R.** M.

21. I hereby certify that I attended the deceased from **Feb 6**  
~~Aug. 1936~~ 19**36** to **Oct 20** 19**41**  
that I last saw him alive on **Oct 20** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**  
Due to **Heart-Block**

Due to \_\_\_\_\_

Other conditions **HTN**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

**5 min**  
**5 1/2 hr**  
**10 1/2 hr**

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 **C**

23. Signature **O. N. Lindeman** (M. D. or other) **M.D.**  
Address **4116 S. Shrew Ave** Date signed **10/21/41**

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

MOTHER FATHER

**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

*J. Wm. Dinkley*

Licensed Embalmer No. ....

*3653*

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.**