

S. No. 2  
-1-4-41  
5-17-39  
P I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36549

State File No. \_\_\_\_\_

DEC 22 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8778**

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:  
**Little Sisters of Poor. 5**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 Years 5 Mo.**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis.** **720-**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3225 No. Florissant Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Louise Wobbe.**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Widow.**

6. (b) Name of husband or wife **August F. Wobbe.** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **June 19th. 1863**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78 4 15** hr. min.

9. Birthplace **St. Louis, Mo.** **6**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home.**

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

12. Name **Caspar Altheide.**

13. Birthplace **Germany.** **4**  
(City, town, or county) (State or foreign country)

14. Maiden name **Anna Wiemann.** **4**

15. Birthplace **Germany.** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **August Wobbe.**

(b) Address **1524 Palm Street.**

17. (a) **Burial** (b) Date thereof **11-6-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Johns Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **NOV 5 1941** (b) **J. J. Bruch**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **4th.**  
year **1941** hour **5** minute **45** A.M.

21. I hereby certify that I attended the deceased from **June 10, 1941** to **Nov 4, 1941**  
that I last saw her alive on **Nov 4, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **5 months**

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

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **73**

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 **Anthony J. Prokorski M.D.** **5/11/44**  
Address **1525 W. Cass Ave** Date signed **11/14/41**

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.....

*Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Ludell*

**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.**