No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

12715

State File No. 4055

FILED MAY 19 1942 791

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. .....

1. PLACE OF DEATH:

(a) County .....

(b) City or town ST. LOUIS, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3719 GILES AVE. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 4 Mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 16 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3719 GILES AVE. 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ESTELLE MARIE HOBEIN.

3. (b) If veteran, name war No

3. (c) Social Security No. N.

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife THEO. J. HOBEIN

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased SEPT. (Month) 30 (Day) - 1896 (Year)

8. AGE:

Years	Months	Days	If less than one day
45	7	5	..... hr. ..... min.

9. Birthplace ST. LOUIS (City, town, or county) D Mo. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business .....

FATHER
12. Name GEORGE REIFSCHNEIDER
13. Birthplace ST. LOUIS (City, town, or county) D Mo. (State or foreign country)

MOTHER
14. Maiden name LUELLA MEIER
15. Birthplace J (City, town, or county) 1 ILLINOIS (State or foreign country)

16. (a) Informant Theo. J. Hobein
(b) Address 3715 Giles Ave

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 8 1942 (Month) (Day) (Year)
(c) Place: burial or cremation ST. PETERS CEMETERY

18. (a) Signature of funeral director Wm. M. Schumacher
(b) Address 4834 Natural Bridge

19. (a) MAY 7 1942 (Date received local registrar) (b) J. F. Biddick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 5
year 1942 hour ~~[illegible]~~ minute 1045 P. M.

21. I hereby certify that I attended the deceased from .....
.....; 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to Pending	
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 3

23. Signature Alfred Werner (M. D. or other)
Address Liberty Corner Date signed 5/6/42

744 (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 John A. Milinar, Registered Apprentice No. ..... working under my personal supervision.

Signed John A. Milinar

Licensed Embalmer No. 4186

P. O. Address St Louis, Mo

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

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