

FILED SEP 18 1942

318

Primary Registration District No.

1003

State File No.

7549

Registrar's No.

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:  
2012 Mallinckrodt St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL") 926  
(d) Street No. 2012 Mallinckrodt  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME August H Kobusch

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mary Stamm Kobusch 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased November 1 1864  
(Month) (Day) (Year)

8. AGE: Years 77 Months 10 Days 7 If less than one day  
hr. min.

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

10. Usual occupation Retired Carpenter (8 Years)

11. Industry or business.....

MOTHER FATHER { 12. Name Jobst Kobusch  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hilda Freibogel  
(b) Address 2012 Mallinckrodt

17. (a) Burial (b) Date thereof 9-11-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden Funeral Home Inc

(b) Address 1936 St. Louis Ave

19. (a) SEP 10 1942 (b) J. J. Bedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8  
year 1942 hour 5:25 minute A M.

21. I hereby certify that I attended the deceased from Sept 4  
1942 to Sept 8 1942  
that I last saw him alive on Sept 7 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to 10/1

Due to 10/1

Other conditions Chronic Myocarditis  
(Include pregnancy within 3 months of death) hypertension

Major findings:  
Of operations.....

Of autopsy.....

Duration

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) (b) Means of injury.....

23. Signature Carolyn A. Angell (M. D. or other) M.D.

Address 705 Olive St. Date signed 9-9-42

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

844

*St Louis Mo.*

DN. Ernest W. [unclear]  
905 Oliver (St)  
2 P.M. and [unclear]

**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. 3737  
P. O. Address 1926 St. Louis Ave

**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.**