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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20191

State File No. ....

FILED JUN 25 1943 318

Registration District No. .... 1003

Registrar's No. .... 5506

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

1. PLACE OF DEATH:

(a) County..... St. Louis,

(b) City or town..... St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
*Emory City Hospital*  
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri, (b) County..... *075*

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

(d) Street No. 4020 Pennsylvania,  
(If rural, give location)

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

If yes, name country..... *C*

3. (a) PRINT FULL NAME John F. Wrobel,

3. (b) If veteran, name war..... No

3. (c) Social Security No.....

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mollie Wrobel, 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 26, 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

65 11 18 hr. min.

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

10. Usual occupation Printer,

11. Industry or business Marvel Printing Co.,

12. Name Don't Know,

13. Birthplace Don't Know,  
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know,

15. Birthplace Don't Know,  
(City, town, or county) (State or foreign country)

16. (a) Informant Mollie Wrobel,  
(b) Address 4020 Pennsylvania Ave.,

17. (a) Burial, (b) Date thereof 6/18/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nat'l Cem. Jefferson

18. (a) Signature of funeral director *Stephen-Beno Montmarry*  
2842 Leranec St.,

19. (a) JUN 16 1943 *J. F. Buech*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1943 hour 9 minute 45 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.

Immediate cause of death.....  
*Coronary Occlusion  
Coronary Sclerosis*

Due to.....  
*J.H.R.*

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations.....

Of autopsy.....

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?  
Barracks,

While at work..... (Specify type of place)

Means of injury.....

23. Signature *Alfred J. Perry* (M. D. or other)  
Address *Perpetua* Date signed *6/16/43*

**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 ME  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Joe S. Benz*  
Licensed Embalmer No. 4247  
2842 Meramec St.,  
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.**