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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 20 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 368

Registrar's No. 228

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: 4644 MINNESOTA (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 009 17 9 15

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

(d) Street No. 4644 MINNESOTA AV. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EMMA HOBAN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife JAMES G. HOBAN

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased MAY (Month) 10 (Day) 1881 (Year)

8. AGE: Years 63 Months 7 Days 28 If less than one day hr. min.

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

10. Usual occupation HOUSEKEEPER.

11. Industry or business OWN.

FATHER 12. Name JOSEPH LAFFLER.

FATHER 13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name HALEY

MOTHER 15. Birthplace MARIA IRELAND, 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mr James G. Hoban

(b) Address 4644 Minnesota

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Jan 10/45 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director E. J. Schmurr

(b) Address 3125 Lafayette Av

19. (a) JAN 9 1945 (Date received local registrar) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7 year 1945 hour 11. minute 55 p.M.

21. I hereby certify that I attended the deceased from Jan 7th, 1945, to " " 1945, that I last saw h. on alive on Jan 7th 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration

Cb. Myocarditis

Due to Complications Chronic Nephritis

Due to Intestinal parasitosis

Due to

Other conditions No (Include pregnancy within 3 months of death)

Major findings: Of operations No

Of autopsy No

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) No

(b) Date of occurrence None

(c) Where did injury occur? None (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None (Specify type of place)

While at work? No (e) Means of injury None

23. Signature J. A. O'Brien (M. D. or other)

Address 1657 So. Grand Blvd Date signed

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Jos B Vollmer

Licensed Embalmer No. 4014

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.