

**FILED MAR 16 1945**  
**SP8**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **2205**

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: 3606 Bamberger  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 50 Years  
In this community 50 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3606 Bamberger  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Peter P. Lobig

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 Clara 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Nov. 1 1869  
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace New Athens Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist

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

12. Name Charles Lobig

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

14. Maiden name Mary Hummel

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

16. (a) Informant Clara Lobig

(b) Address 3606 Bamberger

17. (a) Cremation (b) Date thereof 3-8-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director W. Schumacher

(b) Address 3013 Meramec

19. (a) MAR 7 1945 (Date received by registrar) J. F. Brudek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 6th year 1945 hour 4 minute 40 A. M.

21. I hereby certify that I attended the deceased from Nov. 29 4 to March 6 19. 45 that I last saw him alive on March 6 19. 45 and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia Duration 3 days

Due to Chronic Nephritis 1 yr

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) Means of injury 0

23. Signature Wm. Simpson (M. D. or other) M. D.

Address 3739 Graybis Date signed 3/6/45

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..... *Francis Williamson*  
.....  
Licensed Embalmer No. *3565*  
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.**