

FILED AUG 3 1945 STANDARD CERTIFICATE OF DEATH

State File No.

6528

Registration District No.

318

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:
3511 A Indiana Ave. /
(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 000
(c) City or town..... St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3511 A Indiana Ave. 9 24
(If rural, give location)
(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MATHILDA KOBELT

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, MARRIED
6. (b) Name of husband or wife..... WILLIAM KOBELT 6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased April 29 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 2 26 hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Peter Noab
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant William Kobelt
(b) Address 3511 A Indiana Ave.

17. (a) Burial (b) Date thereof July 28/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation NATIONAL CEM.

18. (a) Signature of funeral director [Signature]
(b) Address 2906 Gravois Ave.

19. (a) JUL 26 1945 [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1945 hour 5 00 A.M. 1945 M.

21. I hereby certify that I attended the deceased from June 2 - 1944
....., 19....., to July 25 - 1945, 19.....
that I last saw him alive on July 25 1945, 19.....
and that death occurred on the 25 day and hour stated above.
Immediate cause of death.....

Sarcoma of bone (Ovarian)
Due to.....

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?

While at work?..... (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other).....
Address 2153 Webster Date signed 7/25/45

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.....

Virgil L. Perryman

..... Licensed Embalmer No..... *4018*

..... 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.