

No. 2
 OM-5-43
 v. 5-17-39
 I X36671

FILED FEB 20 1946
318

Registration District No. _____ Primary Registration District No. **1003**

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: Firth and Desloge Hospital
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 5 Days
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Shober, Lawrence
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-22-6178

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Sept 1 1915
 (Month) (Day) (Year)

8. AGE: 32 Years 5 Months 5 Days If less than one day _____ hr. _____ min.

9. Birthplace: House Springs Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: _____
 12. Name: Anton Shober
 13. Birthplace: House Springs Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name: Frances Pintner
 15. Birthplace: House Springs Mo
 (City, town, or county) (State or foreign country)

16. (a) Informant: Anton Shober
 (b) Address: House Springs Mo

17. (a) Burial (b) Date thereof: 2-9-1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation: High Ridge Mo

18. (a) Signature of funeral director: J. H. Brimmer
 (b) Address: House Springs, Mo

19. (a) FEB 7 1946 (Date of death local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jefferson
 (c) City or town: House Springs
 (If outside city or town limits, write "RURAL")
 (d) Street No.: RR 1
 (If rural, give location) NR.
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5, ~~1946~~
 year 1946 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 1, 1946
 to Feb 5, 1946, 19____
 that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death: LOBAR PNEUMONIA
RT. UPPER, MIDDLE + LOWER
LOBES
 Due to ETIOLOGY UNKNOWN

Duration
10 DAYS

Due to _____
 Due to _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: AS ABOVE. - ALSO FIBRO
PURULENT PLEURISY - RT. LUNG.

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: Raymond A. Mezera (M. D. or other) _____
 Address: 1325 S. Grand Ave Date signed: 2/6/46

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 John Ketter
Licensed Embalmer No. 3880

P. O. Address Paris & 2nd

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.