

FILED **OCT 7 1946**

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 2027

Registration District No. 367

Primary Registration District No. 3068

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Maplewood Nursing Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 1/2 Months
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")
(d) Street No. 2200 Bredell 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Edith Emily Kobes

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 28 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 2 2 hr. min.

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

10. Usual occupation House Maid

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Willard 4
13. Birthplace England (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Walter Harold Moeplin

(b) Address 2115 Concord Drive - Lakewood, Ohio

17. (a) Cremation (b) Date thereof 9 30-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Jay B Smith Funeral Home

(b) Address 7456 Manchester Ave. Maplewood

19. (a) 10-1-46 (b) Ruth Greening
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day Sept.
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept. 5 1946, to Sept. 26 1946; that I last saw her alive on Sept. 26 1946 and that death occurred on the date and hour stated above.

Immediate cause of death
Uremia 97
Senility
arteriosclerosis
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 R. Sterling M.D. (M. D. or other) _____
Address 7266 Manchester Date signed 9-30-46

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

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 3454

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

Signed David T. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.