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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947
Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

42497
State File No. _____
Registrar's No. **11042**

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:
At Home 5225 Gilmore St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **none** (Specify whether)
In this community **24 Yr.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis** No. **710**
(If outside city or town limits, write "RURAL")
(d) Street No. **5225 Gilmore St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Fred G. Hobusch**
3. (b) If veteran, name war **none** **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 **Marie Hobusch** **6. (c) Age of husband or wife if alive** **56** years
7. Birth date of deceased **June 8 1990**
(Month) (Day) (Year)

8. AGE: Years **56** Months **6** Days **16** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Blacksmith**

11. Industry or business _____
12. Name **Gustave Hobusch**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Brenhaue**
15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Marie Hobusch**
(b) Address **5225 Gilmore St.**

17. (a) Burial **(b) Date thereof** **Dec. 24 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Johns Cem.**

18. (a) Signature of funeral director **Diedrich F. Hom**
(b) Address **8319 Halls Ferry Rd.**

19. (a) DEC 24 1946 **J. F. Bresek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **22** year **1946** hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from **12/22/46** to **12/22/46**, 19____, to _____, 19____, that I last saw him alive on **12/22/46**, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death **Coronary Thrombosis** **Duration** **1 d.**
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 **W. H. ...** (M. D. or other)
Address **6807 W. ...** **Date signed** **12/23/46**

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..... *J. W. Wilkinson*.....
Licensed Embalmer No..... *3575*.....

P. O. Address.....

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.