V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26226

FILED JUL 21 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6623

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

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: 5464 N. Kingshighway Blvd. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3606 N. Newstead Ave. 9
(If rural, give location)

10

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Millie F. Wobbe

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife George W. Wobbe

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

7. Birth date of deceased August 14, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	81	10	29	hr. min.

9. Birthplace St. Louis, Missouri. 6
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Jacob Lorenzen
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Frieda Brasse
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George F. Wobbe
(b) Address 4211 Margaretta Ave.

17. (a) Burial (b) Date thereof July 16, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Blvd.

19. (a) JUL 14 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1947 hour 2:40 minute P. M.

21. I hereby certify that I attended the deceased from July 13, 1947, to July 14, 1947
that I last saw her alive on July 11, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	4 days
Due to	
Due to	
Other conditions: advanced atherosclerosis. Myocarditis (Include pregnancy within 3 months of death)	

108

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Edward N. Snyder (M.D. or other) MD

Address 701 - Pleasant St. Date signed 7-14-47

EDWARD N. SNYDER

Jefferson City Printing Co. (Licensed Embalmer's Statement [illegible])

Ed. N. Snyder
705 Olive St.
2-5 PM

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 Ralph C. Linden

Licensed Embalmer No. 4275

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.