S. No. 2
I—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 15 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14311

Registrar's No. 4282

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 3427 INDIANA
(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 620
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3427 INDIANA 9
(If rural, give location)
(e) Citizen of foreign country? 24 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME HATTIE 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, divorced MARRIED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT. (Month) 3 (Day) 1879 (Year)

8. AGE: Years 68 Months 8 Days 1 If less than one day hr. min.

9. Birthplace MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business AT HOME
FATHER
12. Name WILLIAM HAVERSTICK
13. Birthplace MO. (City, town, or country) 0 (State or foreign country)
MOTHER
14. Maiden name UNKNOWN
15. Birthplace MO. (City, town, or county) 0 (State or foreign country)
16. (a) Informant WILLIAM KOBELT
(b) Address 3427 INDIANA
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 8 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks
18. (a) Signature of funeral director Thomas Kutis & Son
(b) Address 2906 GRAVOIS
19. (a) MAY 7 1948 (Date received local registrar) (b) J. B. Broderick (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month MAY day 4 year 1948 hour 11 minute 10 P.M.
21. I hereby certify that I attended the deceased from DEC. 1947, to MAY 4 1948; that I last saw h. alive on MAY 4 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CANCER STOMACH	6 mos.
Due to	
Due to	
Other conditions Hemorrhage - stomach (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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
23. Signature R. Hackmeyer (M. D. or other)
Address 4703 Virginia Date signed 6 MAY 48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4347

P. O. Address 2906 Travis

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.