

FILED APR 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10569**  
**3158**

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| BIRTH NO.  |  | REG. DIST. NO. <b>318</b>  |  | PRIMARY REG. DIST. NO. <b>1003</b>  |  | Registrar's No.  |  |
| 1. PLACE OF DEATH<br>a. COUNTY   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )  |  | c. LENGTH OF STAY (In this place) <b>37 Yrs</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>                               |  | d. STREET ADDRESS (If rural, give location) <b>2807 Russell Blvd.</b>            |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2807 Russell Blvd.</b>  |  |  |  | d. STREET ADDRESS (If rural, give location) <b>2807 Russell Blvd.</b>   |  |  |  |
| 3. NAME OF DECEASED (Type or Print)  |  | a. (First) <b>Mary</b>   |  | b. (Middle) <b>Hobelmann</b>  |  | c. (Last)  |  |
| 4. DATE OF DEATH <b>March 30, 1950</b>   |  |  |  | 5. SEX <b>Female</b>  |  | 6. COLOR OR RACE <b>White</b>  |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>   |  | 8. DATE OF BIRTH <b>Feb. 2, 1889</b>   |  | 9. AGE (In years last birthday) <b>61</b>   |  | IF UNDER 1 YEAR Months Days  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Domestic</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country) <b>0</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>                                       |  |
| 13a. FATHER'S NAME <b>Henry Hobelmann</b>  |  | 13b. MOTHER'S MAIDEN NAME <b>Louise Kamphafner</b>   |  | 14. NAME OF HUSBAND OR WIFE <b>Single</b>   |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>   |  | 16. SOCIAL SECURITY NO.  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mollie Hobelmann, 2807 Russell Blvd.</b>                                       |  |  |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis acute</b><br>ANTECEDENT CAUSES <b>Pneumo pneumonia</b><br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS.<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b><br><b>5 days</b>                  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <b>ST. LOUIS</b>  |  | 21f. HOW DID INJURY OCCUR?   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 21f. HOW DID INJURY OCCUR?  |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>3-24</b> , 19 <b>50</b> , to <b>3-30</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>3-30</b> , 19 <b>50</b> , and that death occurred at <b>3:30 P.M.</b> , from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE <b>Thos Schuck MD</b> (Degree or title)   |  |  |  | 23b. ADDRESS <b>1703 S Grand</b>  |  | 23c. DATE SIGNED <b>3-31-50</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>  |  | 24b. DATE <b>4/3/50</b>  |  | 24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Luth. Cem.</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>         |  |
| DATE REC'D BY LOCAL REG. <b>APR 1 1950</b>   |  | REGISTRAR'S SIGNATURE <b>J B Jarator</b>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.</b>                                 |  |  |  |

WRITE PLAINLY—USING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Max L. Wayfel

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Care

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.