No. 300
10.48

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

FILED APR 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10570
Registrar's No. 3125

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis
c. LENGTH OF STAY (in this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4434 Minnesota

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Louis
d. STREET ADDRESS (If rural, give location): 4434 Minnesota

3. NAME OF DECEASED (Type or Print)
a. (First): ROSE
b. (Middle):
c. (Last): HOBERG

4. DATE OF DEATH (Month) (Day) (Year): Mar. 31 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 22, ~~1875~~ 1874
9. AGE (In years last birthday): 75 ~~74~~ yrs
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Saint Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: O

13a. FATHER'S NAME: Henry Soehnlin
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Charles Hoberg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Charles Hoberg, 4434 Minnesota

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-Sclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-Sclerosis — years
DUE TO (c) Chronic Interstitial Nephritis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

CORONER'S CERTIFICATE
MAY BE

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

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) (STATE): St. Louis Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 442X

22. *I hereby certify that I attended the deceased from* 7/1, 1943, *to* 3/31, 1950 *that I last saw the deceased alive on* 3/30, 1950, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Morskop M.D.
23b. ADDRESS: 3554 Victor St. (4)
23c. DATE SIGNED: 4/3/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 4, 1950
24c. NAME OF CEMETERY OR CREMATORY: St. Matthews
24d. LOCATION (City, town, or county) (State): Saint Louis Missouri

DATE REC'D BY LOCAL REG.: APR 3 1950
REGISTRAR'S SIGNATURE: J. B. Sander
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: TRUTH CENTER MORTUARY, 4024 Lindell

(Licensed Embalmer's Statement on Reverse Side)

Ch Morhop
3554 Victor
La 0510
Res. 3736 Dunnica

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.

Signed: Ronald Yahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

Signed.....
Student Embalmer

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 10570

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3125

On this ..... day of ....., 194....., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death
for Rose Hoberg, born/died 3-31-1950, 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 8 should read Sept. 22-1894
Instead of 9-22-1875

Item No. 9 should read 75 years
Instead of 74 years

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Rev. Emil C. Hartmann Fun. Dir.
Relationship.

4024 Lindell
Present Address.

Subscribed and sworn to before me this 5 day of May 1950, 194.....

My Commission expires 3-4-53 Earl C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

7. S. 135
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X37817