

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **18857**
 Registrar's No. **1384**

FILED JUN 13 1950

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3066**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Kirkwood 22 Missouri		c. CITY (If outside corporate limits, write RURAL and give township) Kirkwood 2	
c. LENGTH OF STAY (in this place) YEARS		9. AGE (In years last birthday) 78	
d. FULL NAME OF HOSPITAL OR INSTITUTION 451 George St		d. STREET ADDRESS (If rural, give location) 451 George St	

3. NAME OF DECEASED (Type or Print) Gustave	a. (First) _____	b. (Middle) _____	c. (Last) Lobeck	4. DATE OF DEATH (Month) (Day) (Year) May 30 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 31 1872	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR (Months) 1	IF UNDER 1 HRS. (Hours) 29	IF UNDER 15 MIN. (Min.) _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Printer	11. BIRTHPLACE (State or foreign country) New York	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Marie Lobeck
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. 443-09-6137	17. INFORMANT'S SIGNATURE OR NAME Marie Lobeck	ADDRESS 451 George Kirkwood
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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, asphyxia, etc. - It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular System DUE TO (c) Atherosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Blow coma		5 years	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 420.1	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? 420.1
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22. I hereby certify that I attended the deceased from **Aug 1948** to **May 30, 1950** that I last saw the deceased alive on **April 30, 1950** and that death occurred at **8:30 PM**, from the causes and on the date stated above.

23a. SIGNATURE Dr. James M. Meyer (Degree or title)	23b. ADDRESS Kirkwood (22) Mo	23c. DATE SIGNED 5/31/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/2/50	24c. NAME OF CEMETERY OR CREMATORY Concordia Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 2 1950	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger	ADDRESS Kirkwood 22 Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4003

We had...

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 John M. Meyer
Licensed Embalmer No. 3288

P. O. Address Kirkwood, 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.