

FILED JUL 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21622**  
Registrar's No. **5520**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>	
c. LENGTH OF STAY (In this place) <b>40 years</b>		d. STREET ADDRESS (If rural, give location) <b>4434 Minnesota</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4434 Minnesota</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) c. (Last) <b>Hoberg</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 22 1950</b>		
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5. SEX. <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Sept. 8, 1971</b>	9. AGE (In years last birthday) <b>78 yrs</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Bath Attendant</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>City Bath House</b>	11. BIRTHPLACE (State or foreign country) <b>Saint Louis</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Rose Hoberg</b>
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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 <b>Albert Hoberg</b>	ADDRESS <b>4434 Minnesota</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>in early mo.</b>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of liver</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Due to (b) Congestive heart failure</b> <b>Due to (c) Chr. interstitial nephritis</b>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <b>592X</b>
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22. I hereby certify that I attended the deceased from **10/7, 1948**, to **6/22, 1950**, that I last saw the deceased alive on **6/22, 1950**, and that death occurred at **7:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. J. Moskop, M.D.</b>	23b. ADDRESS <b>3554 Victor St. St. Louis 4</b>	23c. DATE SIGNED <b>7/23/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 26, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY. <b>St. Matthew's</b>	24d. LOCATION (City, town, or county) (State) <b>Saint Louis Mo.</b>
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DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <b>J. B. Fasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Truth Center Mortuary</b>	ADDRESS <b>4024 Lindell</b>
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JUN 26 1950

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 \_\_\_\_\_

*Ronald O. Valish*

Licensed Embalmer No. \_\_\_\_\_

*39157*

P. O. Address \_\_\_\_\_

*St. Louis*

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.