

FILED FEB 16 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1169

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mulberry Grove</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Ann's Williams Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Box 65</u>	

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <u>Johnny</u>	b. (Middle)	c. (Last) <u>Bruce Hobler</u>	(Month) <u>2</u>	(Day) <u>3</u>	(Year) <u>51</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>12-21-46</u>		9. AGE (In years last birthday) <u>4</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>me</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Vandalia, Illinois</u>	
12. COUNTRY OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Harold Hobler</u>		13b. MOTHER'S MAIDEN NAME <u>Agnes Walford</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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 <u>Harold Hobler Mulberry Grove</u>	
				ADDRESS <u>Grove 20</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glomerulonephritis, chronic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 mo</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u>			<u>7 days</u>
	DUE TO (c) <u>Acute congestive heart failure</u>			<u>4 days</u>
II. 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"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>372X</u>	

22. I hereby certify that I attended the deceased from 1-26, 1951, to 2-3, 1951, that I last saw the deceased alive on 2-3, 1951, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. L. G. ...</u>		23b. ADDRESS <u>Childrens Hospital St. Louis</u>		23c. DATE SIGNED <u>2-3-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McIntire P.C.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Mulberry Grove Ill</u>	

DATE REC'D BY LOCAL REG. <u>4EB6</u>		REGISTRAR'S SIGNATURE <u>J. B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service</u>	
				ADDRESS <u>4104 Manchester</u>	

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

6911

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *J. Allen Davis Jr*
Licensed Embalmer No. *4052*

P. O. Address *St. Louis, 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.