

FILED MAR 7 1951

STANDARD CERTIFICATE OF DEATH

State File No. 6825

BIRTH NO. 5510-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1859

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Illinois St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) 8/20 TOWN Belleville 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital			d. STREET ADDRESS (If rural, give location) 4212 Erna St.		
3. NAME OF DECEASED (Type or Print) a. (First) Bernard		b. (Middle) Joseph		c. (Last) Wobbe	
4. DATE OF DEATH (Month) (Day) (Year) 2 22 1951		5. SEX male		6. COLOR OR RACE white	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 2/6/1951		9. AGE (In years last birthday) 0 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY - - -		11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Victor J. Wobbe		13b. MOTHER'S MAIDEN NAME Betty Junghans	
14. NAME OF HUSBAND OR WIFE - - -		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Victor J. Wobbe		ADDRESS Belleville, Ill.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) emphysema DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 36 hr 3 days?
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 76% 0	
22. I hereby certify that I attended the deceased from 2/22/50, to 2/22/50, 1950, that I last saw the deceased alive on 2/22, 1950, and that death occurred at 8:35 P. M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) C. W. M.D.		23b. ADDRESS 3211 So Grand		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/24/1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel		24d. LOCATION (City, town, or county) (State) Belleville, Illinois
DATE REC'D BY LOCAL REG. FEB 26 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kowland Mortuary Service Inc. 4104 N. Grand St. St. Louis 10, Mo.	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Ronald A. Jaburka

Signed.....
Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *Otheis, 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.