S. No. 300
v. 10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2870

FILED FEB 11 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1048

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5523 Tennessee

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2159
d. STREET ADDRESS (If rural, give location) 15 5523 Tennessee 0

3. NAME OF DECEASED (Type or Print) a. (First) Peter b. (Middle) F c. (Last) Bobe

4. DATE OF DEATH (Month) 1 (Day) 26 (Year) 53

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH dec 8 1866

9. AGE (In years last birthday) 86 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) Drugist

10b. KIND OF BUSINESS OR INDUSTRY Lab. glass Mfg.

11. BIRTHPLACE (City and State or Foreign Country) Greenville Ill

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME PeterBobe

13b. MOTHER'S MAIDEN NAME Anna Gerner

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Cornelia Wyurock ADDRESS 5523 Tenn.

MEDICAL CERTIFICATION

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.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arterio-sclerotic Heart disease	many yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arterio sclerosis	"
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arterio sclerotic nephritis	"

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

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) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* Oct 1933 19__, *to* 1/26 1953, *that I last saw the deceased alive on* ____ 19__, *and that death occurred at* 4.45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE J. S. Moskop M.D. (Degree or title)

23b. ADDRESS 3554 Victor St. St. Louis Mo

23c. DATE SIGNED 1/28/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/29/53

24c. NAME OF CEMETERY OR CREMATORY Old St. Marcus

24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE RECD BY LOCAL REGISTRAR JAN 29 1953

REGISTRAR'S SIGNATURE J. Earl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE Schumacher Und. Co **ADDRESS** 3013 Meramec

F.D. (Licensed Embalmer's Statement on Reverse Side)

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 Jack Hauser

Licensed Embalmer No. 4346

P. O. Address [illegible]

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.