

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12550

State File No.

2034

FILED MAR 18 1953

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.) a. STATE Missouri		b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town or township) Saint Louis		c. LENGTH OF STAY (in this place) 9 Hours		c. CITY (If outside corporate limits, write RURAL and give township) Riverview Gardens, 4010	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS (If rural, give location) 9903 Diamond Drive, 15,			
3. NAME OF DECEASED (Type or Print) a. (First) ADOLPH		b. (Middle) G.		c. (Last) WOBUS	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 19th, 1953.		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 13th, 1881		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Cashier		10b. KIND OF BUSINESS OR INDUSTRY Pullman Co.		11. BIRTHPLACE (City and State or Foreign Country) Fort Madison, Iowa	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Gottlieb D. Wobus		13b. MOTHER'S MAIDEN NAME Anna Nollau	
14. NAME OF HUSBAND OR WIFE Amanda E. Wobus nee Maschmann		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Amanda E. Wobus, 9903 Diamond Drive, 15		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) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 22 hrs			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension					
DUE TO (c)					
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? 331X	
22. I hereby certify that I attended the deceased from Aug 18 1952, to Feb 19, 1953, that I last saw the deceased alive on Feb 19, 1953, and that death occurred at 8:20P m., from the causes and on the date stated above.					
23a. SIGNATURE Norman H. James, M.D.		(Degree or title) 0		23b. ADDRESS 9903 DIAMOND DRIVE	
23c. DATE SIGNED 2-21-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/23/53	
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. FEB 24 1953		REGISTRAR'S SIGNATURE Calvin F. Feutz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

Hours from 1:00 P. M. to 5:00 P. M.
(FRIDAY)

and
from 10:00 A. M. to 1:00 P. M.
(SATURDAY)

FILE IN CITY

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 Ralph C. Zander

Licensed Embalmer No. 4225

P. O. Address 14 Zander Ave

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.