

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23866**
Registrar's No. **5437**

FILED AUG 2-1955

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 _____			
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. LENGTH OF STAY (in this place) 20 YRS.		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4646a LABADIE				No. STREET ADDRESS (If rural, give location) 70 4646a LABADIE			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) H.		c. (Last) HOBEIN		4. DATE OF DEATH (Month) (Day) (Year) JUNE 21 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 28, 1893	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRESSER		10b. KIND OF BUSINESS OR INDUSTRY CLEANING		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME JOHN HENRY HOBEIN			13b. MOTHER'S MAIDEN NAME JOHANNA RUDOLPH		14. NAME OF HUSBAND OR WIFE BERTHA HOBEIN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 492-12-3740		17. INFORMANT'S SIGNATURE OR NAME HUGH GAMMON		ADDRESS 4561 CARTER	
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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____				Coronary Thrombosis			4 Day
ANTECEDENT CAUSES				Arteriosclerosis			4 Yrs.
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____			
				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June 1, 1955</u> , to <u>June 2, 1955</u> , that I last saw the deceased alive on <u>June 1, 1955</u> , and that death occurred at <u>8 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>J. Francis Miller M.D.</i>				23b. ADDRESS <u>4114 W. Florissant</u>		23c. DATE SIGNED <u>6/22/55</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL		24b. DATE 6 23 1955	24c. NAME OF CEMETERY OR CREMATORY ST. PETERS CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI		
DATE REC'D BY LOCAL REG. JUN 23 1955		REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT CARROLL 4600 NATURAL BRIDGE			

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

D^r MEDLER
PA 1-0778
MOON

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.....
Signature of Student Embalmer

Signed M. W. Ruter.....

Licensed Embalmer No. 48.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.