

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010717
STATE FILE NUMBER
2 2427

FILED MAR 20 1959

Registration District No. Primary Registration District No. Registrar's No.

300
1-57
24
91
0

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|---|----------------------------------|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hospital | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 4164 Parker Ave. | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First XAVIER Middle M. Last BOBER | | | 4. DATE OF DEATH Month Mar. Day 8 Year 1959 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 28, 1883 | 9. AGE (In years last birthday) 75 | 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) Proprietor (Retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Art Welding Co. | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Michael Bober | | 13b. MOTHER'S MAIDEN NAME Mary Golonski | | 14. NAME OF HUSBAND OR WIFE Late Veronica Bober | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give women date of service) No | | 16. SOCIAL SECURITY NO. 489-1267633d | | 17. INFORMANT Address Mary Bober 4164 Parker Ave. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease circumflex artery Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 420.0 DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH 14 months |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE |
| 21. I attended the deceased from Death occurred at 4:00 P. | | | to 3/8/59 and last saw him alive on 3/8/59 m of the date stated above; and to the best of my knowledge, from the causes stated. | | |
| 22a. SIGNATURE J. J. Grant M.D. (Degree or title) | | | 22b. ADDRESS 5521 S. Parkway | | 22c. DATE SIGNED 3/9/59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE Mar. 11, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 23d. LOCATION (City, town, or county) St. Louis, Mo. (State) |
| 24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway ADDRESS | | | 25. DATE RECD. BY LOCAL REG. MAR 9 '59 | | 26. REGISTRAR'S SIGNATURE Karl Smith. M.D. |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Causes, manner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All diseases in Part I must be causally related.

M. C. B.

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 *William B White*

Licensed Embalmer No. *4251*

P. O. Address *1228 Hastings 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.