

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 11 1960

-60-023627

STATE FILE NUMBER

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 74

|  |   |   |   |  |   |
|--|---|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jefferson</b>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Jefferson</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Rock Township</b>  |   | Length of stay in lb<br><b>49 yrs.</b>  | c. CITY OR TOWN <b>rural</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>near Arnold, Mo.</b>   |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>Near Arnold, Mo.</b>  |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Herman John</b> Middle <b>Hobelmann</b> Last  |   |   | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>25</b> Year <b>1960</b>  |  |   |
| 5. SEX<br><b>M.</b>  | 6. COLOR OR RACE<br><b>W.</b>   | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>   | 8. DATE OF BIRTH<br><b>Dec 28, 1878</b>   | 9. AGE (last birthday)<br><b>81</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Farmer</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis Co, Mo.</b>   |   |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>   |   | 13a. FATHER'S NAME<br><b>Henry J. Hobelmann</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Louisa Kamphoefner</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Single</b>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |   | 16. SOCIAL SECURITY NO.<br><b>none</b>   |   |
| 17. INFORMANT<br><b>Edward and Amelia Hobelmann</b>  |   | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Chr. Myocarditis</b><br><b>Atherosclerosis</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c) |   | 19. INTERVAL BETWEEN ONSET AND DEATH<br><b>Arnold, Mo.</b>   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 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<br>Hour a.m. p.m.  | 20d. INJURY OCCURRED WHILE AT WORK <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<br><b>Arnold Jefferson Mo</b>  |   | 20g. COUNTY STATE  |   |
| 21. I attended the deceased from <b>1950</b> to <b>6/25/60</b> and last saw him alive on <b>6/25/60</b><br>Death occurred at <b>10 pm</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |  |   |
| 22a. SIGNATURE<br><b>Heich M.S.</b> (Degree or title)  |   |   | 22b. ADDRESS<br><b>Imperial Mo</b>  |  | 22c. DATE SIGNED<br><b>6/27/60</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>June 28, 60</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>St. Trinity Cemetery.</b>  |   | 23d. LOCATION (City, town, or county)<br><b>St. Louis Co, Mo.</b>  |   |
| 24. FUNERAL DIRECTOR<br><b>Heiligtag--Imperial, Mo.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>6-27-60</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>Robert E. Bauer</b>  |   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Arthur W. Heilig

Licensed Embalmer No. 3872

P. O. Address Imperial

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to 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.