

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048131

FILED VS. JAN 9 1967

317

Primary Registration District No. 548

Registrar's No. 3713

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY ST. LOUIS		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 WEBST R GROVES		Length of stay in 1b 22 days	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION GLENWOOD HOME & HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2605 CHIPPEWA

3. NAME OF DECEASED (Type or print) First Middle Last JACOB YER J BOBMEYER			4. DATE OF DEATH Month 12 Day 20 Year 60		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH NOV. 17, 1883	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAY LABORER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MISSOURI	12. CITIZEN OF WHAT COUNTRY U-S-A	
13a. FATHER'S NAME UNK.		13b. MOTHER'S MAIDEN NAME UNK.		14. NAME OF HUSBAND OR WIFE ANNA BOBMEYER	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 551-05-8177	17. INFORMANT Address EMMA KAESHAMER 2605 CHIPPEWA
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) myocardial insufficiency		
DUE TO (b) hypostatic pneumonia		
DUE TO (c) Rt. hemiplegia		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized and cerebral arteriosclerosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? 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 Hour Month, Day, Year			
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	COUNTY STATE

21. I attended the deceased from Nov. 28-1960 to Dec. 20-1960 and last saw him alive on Dec. 20. Death occurred at 11:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thomas J. Katis (Degree or title) M.D.	22b. ADDRESS 1300 Grant Rd.	22c. DATE SIGNED 12-20
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE DEC 24 1960	23c. NAME OF CEMETERY OR CREMATORY NEW ST MARCUS CEM	23d. LOCATION (City, town, or county) ST. LOUIS (State)
24. FUNERAL DIRECTOR Thomas J. Katis 2906 Duvois	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-24-60	26. REGISTRAR'S SIGNATURE [Signature]

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
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Eleana Province

Licensed Embalmer No. 3403

P. O. Address 2906 Jiron

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