

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032537  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8406**

DO NOT WRITE ON THIS STUB

AMENDED

**FILED SEP 10 1962**

1. PLACE OF DEATH  
a. COUNTY **Missouri**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Saint Louis** Length of stay in 1b **Life**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **DOA City Hospital** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **5035 Arlington Avenue** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last **WILLIAM G. HOBUSCH, SR.** 4. DATE OF DEATH Month Day Year **Aug. 27 1962**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **5/4/88** 9. AGE (last birthday) **74 yrs**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired-Supervisor** 10b. KIND OF BUSINESS OR INDUSTRY **Dairy** 11. BIRTHPLACE (City and state or country) **Saint Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Gustav Hobusch** 13b. MOTHER'S MAIDEN NAME **Mary Niehaus** 14. NAME OF HUSBAND OR WIFE **Ottillie Hobusch**

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. **None** 17. INFORMANT **Mrs. Ottillie Hobusch, 5035 Arlington Ave. 20** Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **Acute myocardial infarction** INTERVAL BETWEEN ONSET AND DEATH **1 hour**  
DUE TO (b) **Arteriosclerotic coronary disease** **10 years**  
DUE TO (c) **4201**

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 **12/20/61** to **8/27/62** and last saw <sup>her</sup>him live on **12/29/61**  
Death occurred at **10:50** P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Theodore J. Repp, Jr., M.D.** 22b. ADDRESS **9311 Queenki Dr. St. Louis 37, Mo.** 22c. DATE SIGNED **8/28/62** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **8/31/62** 23c. NAME OF CEMETERY OR CREMATORY **Park Lawn Cemetery** 23d. LOCATION (City, town, or county) **St. Louis County Missouri**

24. FUNERAL DIRECTOR **CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.** ADDRESS 25. DATE RECD. BY LOCAL REG. **AUG 29 1962** 26. REGISTRAR'S SIGNATURE **Coak Smith, M.D.**

VS 300. Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

*Handwritten notes:*  
Keller & Taylor  
8-29-62  
Crown

Dr. Theodore J. Repp, Jr.  
9311 Duenke  
UN 8-3800

HOURS: Mon. 10 AM to 1 PM  
Tues. 11 AM to 1 PM  
2 PM to 5 PM

### 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 John A. Glesner

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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.