

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-033168
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2255

FILED AUG 20 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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DATE AMENDED	
INSTEAD OF	
SHOULD READ	
BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ballwin,		c. CITY OR TOWN St. Louis,	
Length of stay in 1b WKS.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pine Crest Nursing Home,		d. STREET ADDRESS (If outside, give location) 2340 Menard St.,	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Lottie Hobusch,		4. DATE OF DEATH Month Day Year August 3 1962	
5. SEX Female.	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 7/31/1879
9. AGE (last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home,	11. BIRTHPLACE (City and state or country) St. Louis, Missouri,
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Philip Frey,	
13b. MOTHER'S MAIDEN NAME Josephine Bauer,		14. NAME OF HUSBAND OR WIFE Albert Hobusch, (dec'd).	
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.	
17. INFORMANT Anna Jinkerson, 3519a Pennsylvania Ave.,		Address	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPoSTATIC BRONCHO PNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH 3 DAYS
DUE TO (b) CARDIO-VASCULAR DISEASE.			?
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. p.m. 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 JULY 15, 1962 to AUG 3, 1962 and last saw her ^{her} _{him} alive on AUGUST 2, 1962 Death occurred at 3:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B.R. Koring M.D.		22b. ADDRESS BALLWIN, Mo.	22c. DATE SIGNED 8-3-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal.		23b. DATE 8/6/62	23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery,
23d. LOCATION (City, town, or county) St. Louis, Missouri,		(State)	
24. FUNERAL DIRECTOR Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.		25. DATE RECD. BY LOCAL REG. 8-4-62	26. REGISTRAR'S SIGNATURE John M. Murphy M.D.

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 me, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe B. Benz

Licensed Embalmer No. 4249

2842 Meramec St.,
P. O. Address St. Louis, 18, 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.