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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 6 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35870

State File No.

Registration District No. 317

Primary Registration District No. 2002

Registrar's No. 2453

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6301 Washington Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis

(c) City or town: University City
(If outside city or town limits, write "RURAL")

(d) Street No.: 6301 Washington Avenue
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME: ANNA MARIE WOBBE

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: George D. Wobbe

6. (c) Age of husband or wife if alive: Dec. years

7. Birth date of deceased: 14 (Month) 28 (Day) 1871 (Year)

8. AGE: Years 72 Months 6 Days 3 If less than one day ____ hr. ____ min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: At Home

11. Industry or business ____

FATHER
12. Name: Casper Baumer
13. Birthplace: ____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Mrs. Martha Doenges
(b) Address: 6301 Washington Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-3-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: New Picker Cemetery

18. (a) Signature of funeral director: Alexander & Lena
(b) Address: 6175 Delmar Blvd.

19. (a) NOV 4 - 1943 (Date received local registrar) (b) E. H. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 1 year: 1943 hour: 4 minute: 15 A.M.

21. I hereby certify that I attended the deceased from Aug 5 1940, to Oct 31 1943; that I last saw her alive on Oct 31 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage, Myocarditis, — Duration

Due to: Hypertension

Due to: ____

Other conditions: Nephritis; general infirmities of age
(Include pregnancy within 3 months of death)

Major findings:
Of operations: ____
Of autopsy: ____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____
While at work? ____ (Specify type of place) (e) Means of injury ____

23. Signature: H. H. Hoerman (M.D. or other) D.O.
Address: 1505 Grape Date signed: 11/1/43

707 (Licensed Embalmer's Statement on Reverse Side)

H. G. Haermann
1505 Grape
Co 3355

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Jos. E. McCullob

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.