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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22781**

FILED JUL 7 1947

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6119**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town **SAINT LOUIS**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3606 N. NEWSTEAD AVENUE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **000**
 (c) City or town **SAINT LOUIS** **17**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **3606 N. NEWSTEAD AVENUE** **9**
 (If rural, give location)
 (e) Citizen of foreign country? **NO** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **GEORGE W. WOBBE**
3. (b) If veteran, name war..... **3. (c) Social Security** No.....

4. Sex **MALE** **5. Color or race** **WHITE** **6. (a) Single, widowed, married, divorced** **MARRIED**
6. (b) Name of husband or wife **MILLIE F. WOBBE nee LORENZEN** **6. (c) Age of husband or wife if** **alive** **82** years
7. Birth date of deceased **SEPTEMBER 24th, 1967**
 (Month) (Day) (Year)

8. AGE: Years **76** Months **9** Days **1** If less than one day
 hr. min.

9. Birthplace **SAINT LOUIS MISSOURI**
 (City, town, or county) (State or foreign country)

10. Usual occupation **PAINTER**

11. Industry or business **DAISY CHURN COMPANY**

12. Name **UNKNOWN** **13. Birthplace** " " **14. Maiden name** **UNKNOWN** **15. Birthplace** " " **16. (a) Informant** **MILLIE F. WOBBE** **(b) Address** **3606 N. NEWSTEAD AVENUE**

17. (a) BURIAL (Burial, cremation, or removal) **(b) Date thereof** **JUNE 28, 1947** (Month) (Day) (Year)
(c) Place: burial or cremation **New Picker Cem.**

18. (a) Signature of funeral director **Galvin F. Feutz** **(b) Address** **4828 NATURAL BRIDGE BOULEVARD**
19. (a) JUN 26 1947 (Date received local registrar) **J. J. Brodeur** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **25th**
 year **1947** hour **4** minute **00** AM.
21. I hereby certify that I attended the deceased from **Madison**
 19 **47** to **July 25**, 19 **47**
 that I last saw **live** on **July 23**, 19 **47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **myocarditis** **5-hrs.**
 Due to..... **93K**
 Due to.....
 Other conditions **semitivity**
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....

Duration
 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) (c) Means of injury **0**
23. Signature **Edward N Snyder** (M. D. or other) **M.D.**
Address **705 - Olive St** **Date signed** **6-26-47**

705 Olive St.
CH-6969

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 John A. Mlinai
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 this body is not embalmed, fact should be so stated above.