

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12549**
Registrar's No. **2471**

FILED MAR 24 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____

REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri, b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2159	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) 15 4235 So. Compton Ave., 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4235 So. Compton Ave.,			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) _____ c. (Last) Wobbe,			4. DATE OF DEATH (Month) (Day) (Year) March 3, 1953		
5. SEX Male.		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,	
8. DATE OF BIRTH January 13, 1884		9. AGE (In years last birthday) 69		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. IF UNDER 1 YEAR: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Germantown, Illinois,		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian,		10b. KIND OF BUSINESS OR INDUSTRY St. Anthony School.			

13a. FATHER'S NAME Henry Wobbe,		13b. MOTHER'S MAIDEN NAME Katherine Gerling,		14. NAME OF HUSBAND OR WIFE Johanna H. Wobbe,	
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. 339-10-3380		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Johanna H. Wobbe, 4235 So. Compton Ave.,	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct				INTERVAL BETWEEN ONSET AND DEATH 1 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			

22. I hereby certify that I attended the deceased from **27 Jan 1952**, to **3 March 1953**, that I last saw the deceased alive on **3 March 1953**, and that death occurred at **8:10A. m.**, from the causes and on the date stated above.

23a. SIGNATURE John H. Wobbe (Degree or title) MD		23b. ADDRESS 4205 Michigan		23c. DATE SIGNED 3-5-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal,		24b. DATE 3/6/53		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery,	
				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	

DATE REC'D BY LOCAL REG. MAR 5 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St.,	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Laron E. Percy

Licensed Embalmer No. 4094

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