

FILED JAN 18 1955

STANDARD CERTIFICATE OF DEATH

44147

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11407**

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, Mo.		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonys Hospital		e. STREET ADDRESS (If rural, give location) 2169 /6 3512 S. Compton Ave., 0	

3. NAME OF DECEASED (Type or Print) Edna Wobbe
 a. (First) b. (Middle) c. (Last)
 4. DATE OF DEATH (Month) (Day) (Year) Dec. 13, 1954

5. SEX female / 6. COLOR OR RACE white / 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married / 8. DATE OF BIRTH Apr. 12, 1894 / 9. AGE (In years last birthday) 60 / # UNDER 1 YEAR Months / # UNDER 1 HR. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife / 10b. KIND OF BUSINESS OR INDUSTRY home / 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0 / 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Emil Hubell / 13b. MOTHER'S MAIDEN NAME Mary Hirsch / 14. NAME OF HUSBAND OR WIFE Herman Wobbe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no / none / 16. SOCIAL SECURITY NO. unk / 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herman Wobbe 3512 S. Compton

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Sagittaria - with stroke*
 ANTECEDENT CAUSES *metastases -*
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
 INTERVAL BETWEEN ONSET AND DEATH 2 months

19a. DATE OF OPERATION / 19b. MAJOR FINDINGS OF OPERATION / 20. AUTOPSY? YES NO

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) m. / 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK / 21f. HOW DID INJURY OCCUR 193X

22: I hereby certify that I attended the deceased from 11-16-54, 10:00 am - 13, 1954, that I last saw the deceased alive on Dec-12, 1954, and that death occurred at 2:18 am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *Thomas A. Mayhew M.D.* / 23b. ADDRESS 32012 50 Grand St. St. Louis, Mo. / 23c. DATE SIGNED 12-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal / 24b. DATE 12-15-54 / 24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem. / 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. DEC 14 1954 / REGISTRAR'S SIGNATURE *Carl Smith M.D.* / 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 6322 S. Grand Blvd. St. Louis, Mo.

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

Dr. Thos. Wayland
3201a Wyoming
m130 to5

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 *David Van Fossan*

Licensed Embalmer No. *434*

P. O. Address *6327 So. Grand*

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.