

**FILED NOV 10 1961**

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS, MISSOURI</b>		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St. Louis</b>		c. CITY OR TOWN <b>Webster Groves</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>																		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>10 Glen Oak</b>			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>																			
3. NAME OF DECEASED (Type or print) First <b>DORA</b> Middle <b>LOUISE</b> Last <b>WOBUS</b>				4. DATE OF DEATH Month <b>NOVEMBER</b> Day <b>2</b> Year <b>1961</b>		5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>1-26-1878</b>		9. AGE (last birthday) <b>83</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>				11. BIRTHPLACE (City and state or country) <b>Quincy, Illinois</b>				12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>															
13a. FATHER'S NAME <b>Henry Shaffer</b>				13b. MOTHER'S MAIDEN NAME <b>Henrietta (unknown)</b>				14. NAME OF HUSBAND OR WIFE <b>Dr. Reinhard Wobus</b>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>no none</b>				16. SOCIAL SECURITY NO. <b>none</b>				17. INFORMANT <b>Mr. R.S. Wobus #20 Juanita, Belleville</b>				Address <b>Ill. 611.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:																INTERVAL BETWEEN ONSET AND DEATH											
IMMEDIATE CAUSE (a) <b>BRONCHOPNEUMONIA</b>																<b>3 WEEKS</b>											
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.																DUE TO (b) <b>LYMPHOCYTTIC LEUKEMIA</b>				<b>2 YEARS</b>							
DUE TO (c) <b>2040</b>																											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)												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 checked="" type="checkbox"/> NO <input 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 <b>JAN. 5, 1961</b> to <b>NOV. 2, 1961</b> and last saw her <sup>him</sup> alive on <b>NOV. 2, 1961</b> Death occurred at <b>1:40 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.																											
22a. SIGNATURE <i>E. O. McMillan, M.D.</i> (Degree or title) <b>M. D.</b>								22b. ADDRESS <b>BARNES HOSPITAL</b>				22c. DATE SIGNED <b>11/2/61</b>															
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>				23b. DATE <b>11-3-1961</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>				23d. LOCATION (City, town, or county) (State) <b>St. Louis County Missouri.</b>																	
24. FUNERAL DIRECTOR <b>C.R. Lupton and Sons</b>				ADDRESS <b>7233 Delmar</b>				25. DATE RECD. BY LOCAL REG. <b>NOV 3 1961</b>		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>																	

*Donna Adams  
City View*

**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 *Clarence H. Mur*

Licensed Embalmer No. *4011*  
P. O. Address *St. Louis*

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.