

# CITY OF ST. LOUIS

Bureau of Vital Statistics  
DIVISION OF HEALTH

No. of Certificate 3126

## CERTIFIED COPY OF DEATH

Full Name Joseph Wobriel Place of Death 2708 Leffingwell

Address: No. \_\_\_\_\_ Street \_\_\_\_\_

### UNDERTAKER'S REPORT OF DEATH

SEX	COLOR		
Male	White		
DATE OF BIRTH	(Month)	(Day)	(Year 19 )
	N/A		
AGE	YEARS	MONTHS	DAYS
	59		
SINGLE, MARRIED WIDOWED OR DIVORCED	Married		
BIRTHPLACE (State or Country)	Austria		
NAME OF FATHER	N/A		
BIRTHPLACE OF FATHER (State or Country)	N/A		
MAIDEN NAME OF MOTHER	N/A		
BIRTHPLACE OF MOTHER (State or Country)	N/A		
OCCUPATION	N/A		

Calvary Cemetery.

Hy. Leidner & Son Undertaker.

### MEDICAL CERTIFICATE OF DEATH

(To be signed by physician last in attendance of deceased)

Date of Death October 16, XIX 1890  
Month Day Year

I HEREBY CERTIFY, That I attended deceased from .....  
19....., to.....19....., that I last saw h..... alive on.....

19....., and that death occurred, on the date stated above, at.....m.

The CAUSE OF DEATH was as follows:.....  
Gastritis

.....Duration.....Days

Contributory .....

.....Duration.....Days

(Signed) F.O. Meyer M.D.

.....19..... Address.....

Burial Permit Filed ....October 18,..... XIX 1890

William H. Hume  
Health Commissioner.

Carroll M. Hume  
Deputy Registrar.

.....  
Secretary to Health Commissioner.

Countersigned:

Paul M. Bera  
Comptroller

OFFICE OF HEALTH DEPARTMENT: — I, the undersigned, Secretary to Health Commissioner, hereby certify the foregoing to be a true copy from the Death

Records in this office.

FEE ~~\$3.00~~ 10.00

Teronica Braddy  
Register