

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38726
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 78.4
(b) Township St. Ferdinand Primary Registration District No. 6030
(c) City Prospect-Hill (d) Street No. 471 Adrian Avenue Registered No. 188
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Anna Hobbs,
(a) Residence, No. 471 Adrian Avenue St. Riverview Gardens
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Hobbs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 2 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

FATHER 13. NAME Fred Banks
14. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Elizabeth Rageley
16. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

17. INFORMANT Charles Hobbs
(ADDRESS) 471 Adrian

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE Oct. 20, 1937

19. FUNERAL DIRECTOR Math. Hermann & Son
(ADDRESS) 2161 East Fair Avenue

20. FILED at 14th 1937 W.A. Geitzler
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct., 1937 to Oct., 1937
I last saw her alive on 16 of Oct., 1937. Death is said to have occurred on the date stated above, at 4:15 A. M.
The principal cause of death and related causes of importance were as follows:

Supertensive Hemiplegia bilateral
Date of onset 1936

Other contributory causes of importance:

Name of operation none Date of 10
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) J.P. Morris, M. D.

(Address) 8209 1/2 W. Broadway

Per G. Smith (Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

827

STATEMENT BY LICENSED EMBALMER
I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed _____
Licensed Embalmer No. _____

STATEMENT BY LICENSED EMBALMER

I, Lorand Hampton, Licensed Embalmer No. 2967

hereby certify that the body recorded on the reverse side of this certificate was embalmed by m

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Lorand Hampton

Licensed Embalmer No. 2967

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

38726
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township St. Ferdinand Primary Registration District No. 6030 Registered No. 108
(c) City..... (d) Street No..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Hobbs

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 2 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____, 19 _____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Hemiplegia bilateral
sequela to cerebral
hemorrhage

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify

(Signed) J. P. Morris, M. D.

(Address) 8209th W Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

