

S. No. 300
V. 10-45

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15115

State File No. _____

FILED APR 19 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 997

1001

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u>	c. LENGTH OF STAY (In this place) <u>15 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>6451 Wells Ave.</u>		d. STREET ADDRESS (If rural, give location) <u>6451 Wells Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lulu</u>		b. (Middle)		c. (Last) <u>Hobbs</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 4 1866</u>		9. AGE (In years last birthday) <u>86</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Cape Girardeau, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>John Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Sallie Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Ernest Hobbs</u>	
--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Rev. Larena B Lowe 6451 Wells Ave</u>	
---	--	--	--	--	--

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		INTERVAL BETWEEN ONSET AND DEATH <u>86 hr</u> <u>10 yr</u> <u>20 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Myocardia</u> <u>Gen. Arteriosclerosis</u> DUE TO _____		
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 <u>422.1</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 31 Mar, 1952, to 14 Apr, 1952, that I last saw the deceased alive on 14 Apr, 1952, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Richard H. Kay, Jr.</u> (Degree or title)	23b. ADDRESS <u>5930 Southwest Ave</u>	23c. DATE SIGNED <u>15 Apr 52</u>
--	---	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 17-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lorimer Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>
---	---------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>4-15-52</u>	REGISTRAR'S SIGNATURE <u>Richard Q. Donker M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos W. Clark</u>	ADDRESS <u>1125 Hodiamont Ave.</u>
--	--	---	---------------------------------------

Dr. Richard Ray
5930 Southwest Ave.

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
Student Embalmer

Signed

John S. Dennis

Licensed Embalmer No. 4194

P. O. Address _____

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.