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.

JAN 10 1938

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

43092
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791 2/1

(b) Township ..... Primary Registration District No. 1003 Registered No. 11342

(c) City St. Louis (d) Street No. 1732 Pennsylvania 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 Elizabeth Hobson

(a) Residence, No. 1732 Pennsylvania St. 23
(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 F.
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 William E. Hobson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1869

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	0	22	

OCCUPATION

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. At home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 2 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan City, Ind.

FATHER

13. NAME Charles Clark
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Mary Mitchell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Toledo, Ohio.

17. INFORMANT (ADDRESS) William E. Hobson 1732 Pennsylvania

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City, Mo. DATE Dec. 10, 1937

19. FUNERAL DIRECTOR (ADDRESS) John L. Ziegenhein & Sons 7027 Gravois Ave.

20. FILED DEC 9 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1935, 19..., to Dec 8, 1937. I last saw her alive on Dec 7, 1937. Death is said to have occurred on the date stated above, at 4 P m.

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

Carcinoma of face (right side) primary seat in nose — Date of onset
Chronic myocarditis
52

Other contributory causes of importance:

Terminal pneumonia
Hypostatic Broncho

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) Royal A. Weir, M. D.
(Address) 1703 Grand

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, C. P. Kidwell, Licensed Embalmer No. 3877

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Clarence P. Kidwell

Licensed Embalmer No. 3877

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)