

REC'D DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

37723

Do not use this space.

1. PLACE OF DEATH

(a) County Mo. Registration District No. 1003
(b) Township St. Louis, Primary Registration District No. 2355 Klemm St. Registered No. 10050
(c) City St. Louis, (d) Street No. 2355 Klemm St. 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

163 Nellie Hobart
(a) Residence, No. 2355 Klemm St. St. 17 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 2 7

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

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

FATHER 13. NAME George H. Hobart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
not known

MOTHER 15. MAIDEN NAME not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
not known

17. INFORMANT (ADDRESS) J. C. Hobart
2355 Klemm st.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Mausoleum Nov 22, 1938

19. FUNERAL DIRECTOR (ADDRESS) A. Tren. L. & U. Co.
2707 North Gray St.

20. FILED NOV 21 1938
J. J. Predeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20, 1938,

22. I HEREBY CERTIFY, That I attended deceased from May 26, 1938, to Nov 20, 1938
I last saw her alive on Nov 20, 1938. Death is said to have occurred on the date stated above, at 5.30 m. A. M.
The principal cause of death and related causes of importance were, as follows:

Endocarditis, Chronic Date of onset

Other contributory causes of importance:
myocarditis, chronic

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19no
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. H. Clithero M. D.
(Address) 906 Carleton Bldg. St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I, Paul H. Rothenberg, Licensed Embalmer No. 7631

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

Paul H. Rothenberg

Licensed Embalmer No. 7631

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.)