S. No. 2
1—9-4-41
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I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4462

Primary Registration District No. 1003

Registrar's No. 1452

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Faith Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days (Specify whether
In this community 29 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 12 00

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5616 Pershing
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME GEORGE A. HOBERT

3. (b) If veteran, name war no

3. (c) Social Security No.

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Susan A. Hobert

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased March (Month) 31 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	10	14	hr. min.

9. Birthplace Ottawa (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Hotel Manager

11. Industry or business Roselle Hotel

FATHER
12. Name Edward S. Hobert
13. Birthplace (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Helen Fisher
15. Birthplace Ottawa (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Enid Hobert

(b) Address 5616 Pershing

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2/18/42 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) FEB 18 1942 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15
year 1942 hour 11 minute 15 p.M.

21. I hereby certify that I attended the deceased from Jan. 30, 1942, to Feb. 15, 1942
that I last saw him alive on Feb. 15, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Degenerative Myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Lobar Pneumonia - Toxic Degeneration - Suprarenals, Liver, Kidney

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph B. Guccione (M. D. or other) MD.

Address 280, N. Taylor Date signed 2/16/42

(Licensed Embalmer's Statement on Reverse Side)

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 Raymond L. Morris, Registered Apprentice No. 290, working under my personal supervision.

Body was autopsied.

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460.

P. O. Address 6175 Delmar, St. Louis, Mo.

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.