

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8323**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jewish Hospital**
(If not a hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days**
(Specify whether years, months or days)
In this community **6 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **Madison**
(c) City or town **St. Louis City, Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **2921 Iowa Ave**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Leslie Hobson

3. (b) If veteran, name war **no**

3. (c) Social Security No. **333-01-9465**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **6** year **1942** hour **4** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **Aug. 1942** to **Oct. 6, 1942**
that I last saw him alive on **Oct 6, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **myocardial failure**

Duration

Due to **Coronary sclerosis**

Due to **arteriosclerotic heart dis. coronary occlusion**

Other conditions (include pregnancy within 3 months of death) **None**

Major findings: Of operations _____

PHYSICIAN

Of autopsy **as above**

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) _____
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?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature **M. Norman Orzel** (M. D. or other) **M.D.**
Address **Medical Arts Bldg** Date signed **10-6-42**

8. AGE: Years **52** Months **10** Days **19** If less than one day hr. min.

9. Birthplace **unknown Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Waulder**

11. Industry or business **General Steel Casting Co.**

12. Name **Calab. Hobson**

13. Birthplace **South Carolina** (City, town, or county) (State or foreign country)

14. Maiden name **Margaret Phelps**

15. Birthplace **Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Myrtle Hobson**

(b) Address **2921 Iowa, Saint Louis 208**

17. (a) **Removal** (b) Date thereof **10-7-1942** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Johns Cem., Saint Louis**

18. (a) Signature of funeral director **Charles E. Pierce**

(b) Address **St. Louis City, Ill**

19. (a) **OCT 7 1942** (b) **J. F. Bredeck** (Date received local registrar) (Registrar's signature)

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

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Charles E Mercer*.....
Licensed Embalmer No. *2988*.....
P. O. Address *Granite City Ill*.....

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.