

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

286

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4549 Red Bud
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 20 years
years, months or days

3. (a) PRINT FULL NAME Esther May Hobbs

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife James Hobbs 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December 19th 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

MOTHER FATHER
11. Industry or business _____
12. Name Frank May
13. Birthplace France
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hopkins
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Hugo Hobbs
(b) Address 4549 Red Bud

17. (a) Burial (b) Date thereof 1-12-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial St. Louis Missouri

18. (a) Signature of funeral director W. J. Rowland
(b) Address 4355 Washington - St. Louis, Mo.

19. (a) JAN 11 1948 (b) J. F. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4549 Red Bud
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1948 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from 10/24/44 to 1/10/48, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____

Due to Arterio Sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 80

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature Paul Benistoff (M. D. or other) _____
Address 3969th Pleasant Date signed 1/10/48

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FEB 2 8 1944

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 *Howard J. Rawlins*

Licensed Embalmer No. *3114*

P. O. Address *St. Louis, Missouri*

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.