

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 28 1950

State File No. 3414
Registrar's No. 200

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>200</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Midland Township</u>		c. LENGTH OF STAY (in this place) <u>25</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Midland Township</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2445 Fowler Avenue.</u>				d. STREET ADDRESS (If rural, give location) <u>2445 Fowler Avenue.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u> b. (Middle) <u>Elzada</u> c. (Last) <u>Hobson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 22 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Oct 15, 1886</u>	
9. AGE (In years last birthday) <u>73</u>		F UNDER 1 YEAR Months <u>7</u>		F UNDER 1 YEAR Days <u>23</u>		F UNDER 1 YEAR Hours <u>1</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Dent County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James T. Blackwell</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Herod</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph E. Hobson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Nil</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John S. Mills-2445 Fowler Ave.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralysis Agitans</u> ANTECEDENT CAUSES <u>Chronic cystitis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Secondary anemia</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>293X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>13 years</u> <u>13 years</u> <u>293X</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>293X</u>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>36</u> , to <u>Jan. 22</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan. 14</u> , 19 <u>50</u> , and that death occurred at <u>10:45 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>539 No. Grand Blvd.</u>		23c. DATE SIGNED <u>1-23-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Carty Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Hobson, Missouri</u>	
DATE REC'D BY LOCAL <u>JAN 23 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe-4700 Washington Blvd</u>			

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 me

working under my personal supervision.

Student Embalmer No.

Signed

William S. Safford

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St Charles 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.