

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10205**  
**2533**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. \_\_\_\_\_ REGISTRAR'S NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>40 yrs</b>		2219 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>		21/ STREET ADDRESS (If rural, give location) <b>2317 Chestnut</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) c. (Last) <b>Hobson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 13 1951</b>	
5. SEX <b>Male</b> <input checked="" type="checkbox"/>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Wid.</b> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>July 24, 1881</b>
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR: Months _____ Days _____	
IF UNDER 1 YEAR: Hours _____ Min. _____		11. BIRTHPLACE (State or foreign country) <b>Miss.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Daniel Hobson</b>	
13b. MOTHER'S MAIDEN NAME <b>Cherry Brown</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Unk</b>		16. SOCIAL SECURITY NO. <b>Unk</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth Rhodes</b>		ADDRESS <b>2601 N Whittier St</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Vascular Disease</b>  ANTECEDENT CAUSES DUE TO (b) <b>Hypertensive Cardiovascular Disease</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <b>Undetermined</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>1 Month?</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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? <b>445X</b>	
22. I hereby certify that I attended the deceased from <b>2-23-</b> , 19 <b>51</b> , to <b>3-13</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>3-13</b> , 19 <b>51</b> , and that death occurred at <b>7:05p</b> m., from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <b>Wm J Thompson M. D.</b>		23b. ADDRESS <b>2601 N Whittier St.</b>	
23c. DATE SIGNED <b>3-20-51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>3-22-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Side</b>	
24d. LOCATION (City, town, or county) (State) <b>St Louis MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Wm J. Brown 2930 Hickman</b>	
DATE REC'D BY LOCAL REG. <b>MAR 21 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Lusater</b>	

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

*Students of Mrs. Terry Cady*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

*Leroy W. Barnister*

Student .....  
Student Embalmer

Signed

*Leroy W. Barnister*

Licensed Embalmer No. *4523*

*3850 Easton* P. O. Address *St. Louis*

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.