

*cc*  
**FILED JUN 15 1951**

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **18185**  
 Registrar's No. **5051**

**318**

**1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>St. Louis</b>			c. LENGTH OF STAY (In this place) <b>6 weeks</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John's Hospital</b>			e. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Laura</b>			b. (Middle) <b>E.</b>		c. (Last) <b>Hobart</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>May 30 1951</b>			5. SEX <b>F</b>		
6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec. 16, 1876</b>	
9. AGE (In years last birthday) <b>74</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Louisville, Ky.</b>			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME <b>Julius Fritsch</b>		13b. MOTHER'S MAIDEN NAME <b>Mathilda Metzler</b>		14. NAME OF HUSBAND OR WIFE <b>John M. Hobart</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Peggy Sargent</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>		ANTECEDENT CAUSES <b>Cerebral arteriosclerosis</b>			<b>5 days</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc.: It means the disease, injury, or complication which caused death.		DUE TO (b) <b>Generalized arteriosclerosis</b>			<b>5 days</b>
DUE TO (c) <b>Rheumatoid arthritis</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Rheumatoid arthritis</b>			<b>40</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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) <b>St. Louis, Mo.</b>	
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>722.0</b>	
22. I hereby certify that I attended the deceased from <b>5/12/51</b> , 19 <b>51</b> , to <b>5/30/51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>5/29/51</b> , 19 <b>51</b> , and that death occurred at <b>9:10A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>R. A. Meyer M.D.</b>			23b. ADDRESS <b>539 N. Grand</b>		23c. DATE SIGNED <b>5/31/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 2, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b>			
DATE REC'D BY LOCAL REG. <b>JUN 1 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Sauter</b>		ADDRESS <b>6461 Chippewa St. St. Louis, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

X

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539 No Grand

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**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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7514 T. Broadway

**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.