

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26598

State File No. ....

RECEIVED JUL 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 1823

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> <u>4</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death.) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>FERGUSON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>4 YR</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OAK KNOLL-N. HOME</u>		d. STREET ADDRESS (If rural, give location) <u>OAK KNOLL-NURSING HOME</u>	

3. NAME OF DECEASED a. (First) <u>ERNA</u>		b. (Middle) <u>G</u>		c. (Last) <u>HOBBS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7</u> <u>1</u> <u>52</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>June 11, 1872</u>		9. AGE (In years last birthday) <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT-HOME</u>		11. BIRTHPLACE (State or foreign country) <u>ILL.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>RICHARD VAN BEISEN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>FAYE HORACE D. HOBBS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS-D. F. LEISHER-1010 GLENN BROOK.</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>			<u>unknown</u>
	DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemiplegia due to previous stroke</u>		<u>5 years</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Oct 12, 1949, to July 1, 1952, that I last saw the deceased alive on July 1, 1952, and that death occurred at 9:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Lewis Littmann MD</u>	23b. ADDRESS <u>0 8231 Clayton Rd (17)</u>	23c. DATE SIGNED <u>7/2/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-3-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEMETERY</u>
24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>		

DATE REC'D BY LOCAL REG. <u>7-3-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>JAY B SMITH 7456 MANCHESTER MAPLEWOOD MO.</u>
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(Licensed Embalmer'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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*A. P. Burgess*

Licensed Embalmer No. ....

4029

P. O. Address.....

*Maplewood*

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.