

FILED MAY 20 1954

STANDARD CERTIFICATE OF DEATH

State File No. 17173

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4023

1. PLACE OF DEATH  
a. COUNTY  
2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)  
a. STATE Mo  
b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis  
c. LENGTH OF STAY (In this place) 40yrs  
c. CITY OR TOWN St. Louis  
d. Is Residence within limits of a city incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 5616 Pershing  
e. STREET ADDRESS (If rural, give location) 12 5616 Pershing 2129

3. NAME OF DECEASED (Type or Print)  
a. (First) Susan  
b. (Middle) A  
c. (Last) Hobert  
4. DATE OF DEATH (Month) (Day) (Year) May 3, 1954

5. SEX F  
6. COLOR OR RACE W  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed  
8. DATE OF BIRTH May 29, 1873  
9. AGE (In years last birthday) 80yrs  
IF UNDER 1 YEAR Months Days  
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife  
10b. KIND OF BUSINESS OR INDUSTRY Home  
11. BIRTHPLACE (City and State or Foreign Country) Atlanta, Mo.  
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Wood Saunders  
13b. MOTHER'S MAIDEN NAME Martha Stone  
14. NAME OF HUSBAND/OR WIFE Geo. A. Hobert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None  
16. SOCIAL SECURITY NO. None  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Enid Hobert 5616 Pershing

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral hemorrhage  
INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiac vascular disease  
DUE TO (c)  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
19. DATE OF OPERATION  
19b. MAJOR FINDINGS OF OPERATION  
20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE  
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 443 X  
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 1940, to May 3, 1954, that I last saw the deceased alive on May 3, 1954, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert M. Smith MD  
23b. ADDRESS 114 N. Taylor  
23c. DATE SIGNED May 4, 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
24b. DATE May 5, 1954  
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery  
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. MAY 4 1954  
REGISTRAR'S SIGNATURE Carl Smith MD  
52. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl Smith & Sons 6125 Delmar

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

Dr Robt Smith  
Grant Clinic

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.....  
Signature of Student Embalmer

Signed *Geo. E. McCulloch*.....  
Licensed Embalmer No. 2460

P. O. Address ... 6175 D.C.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.