

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047224

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3632 STATE FILE NUMBER

FILED JAN 9 1962

1. PLACE OF DEATH
 a. COUNTY ST. LOUIS
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLAYTON Length of stay in lb 10 DAYS
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. L. COUNTY Hosp Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY ST. LOUIS
 c. CITY OR TOWN CHESTERFIELD, Mo. R.I. Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) OLD OLIVE ST. ROAD Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Alice Middle Hobmann Last Hobmann 4. DATE OF DEATH Month 12 Day 19 Year 1961

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 9-6-1881 9. AGE (last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK 10b. KIND OF BUSINESS OR INDUSTRY AT HOME 11. BIRTHPLACE (City and state or country) ST. LOUIS CO., MO. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME CHRISTIAN HOBMANN 13b. MOTHER'S MAIDEN NAME FRANCES BALL 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Hans Hobmann, Chesterfield, Mo. R.I. Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Bronchopneumonia - bilateral
 DUE TO (b) Aspiration of stomach contents
 DUE TO (c) Ashtites
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour _____ Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from Dec. 2, 1961 to Dec. 19, 1961 and last saw her alive on Dec. 19, 1961
 Death occurred 4:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alice L. Howe MD (Degree or title) 22b. ADDRESS 6015 BRENTWOOD, CLAYTON 5, MO. 22c. DATE SIGNED 12/19/61

23a. BURIAL, CREMATION, OR REMOVAL (Specify) REMOVAL 23b. DATE 12-21-61 23c. NAME OF CEMETERY OR CREMATORY ANTIOCH CEM. 23d. LOCATION (City, town) or county (State) MONARCH, MO.

24. FUNERAL DIRECTOR SCHRADER, BALKWIN, MO. ADDRESS: _____ 25. DATE RECD. BY LOCAL REG. 12-21-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

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 _____

Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Bellwin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.