

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

35224

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **5088 Ruskin**)

File No. ....

Registered No. **10400**

St. .... Ward)

**2. FULL NAME**

**Barbara M. Hobbs**

(a) Residence. No. **5088 Ruskin St.** **7** Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Female** | 4. COLOR OR RACE **White** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Widow**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan 15 - 1869**

7. AGE YEARS MONTHS DAYS | IF LESS than 1 day, hrs. or min.  
**68 | 10 | 5**

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Housewife**  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**

10. NAME OF FATHER **John Mayers**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Alsace-Lorraine**

12. MAIDEN NAME OF MOTHER **Unknown Hobbs**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Alsace-Lorraine**

14. INFORMANT (Address) **Joseph M.C. Hobbs 5088 Ruskin**

15. FILED **21 1927** **Mar. 6 Starkoff**

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 20 1927**

17. I HEREBY CERTIFY, That I attended deceased from **11/5/27**, 19... to **11/19/27**, 19... that I last saw her alive on **11/19/27**, 19... and that death occurred, on the date stated above, at **3:30 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**Septicemia**  
**Branchio pneumonia**  
**1011A**  
 (duration) yrs. mos. **12** ds.

CONTRIBUTORY (SECONDARY) **100A**  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) **Sam H. Barrett** M. D.  
**11/21/27** (Address) **5427 Delmar St**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Calvary Ch.** DATE OF BURIAL **11/22 1927**

20. UNDERTAKER **Mullen and Co** ADDRESS **5168 Delmar**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Don. J. ...

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