

Registration District No. **791**

Primary Registration District No. **100**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **University City,**
(If outside city or town limits, write "RURAL")
(d) Street No. **6612 Bartmer Ave.,**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Arlie Hobbs

3. (b) If veteran, name war

World's War

3. (c) Social Security No.

497-10-0355

4. Sex

Male

5. Color or race

White

6. (a) Single, widowed, married, divorced

Married

6. (b) Name of husband or wife

Oda Hobbs

6. (c) Age of husband or wife if alive

40 years

7. Birth date of deceased

Dec. 31, 1894.

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

46

11

25

hr.

min.

9. Birthplace

Kentucky

(City, town, or county)

(State or foreign country)

10. Usual occupation

Confectioner Store

11. Industry or business

Owner

12. Name

Louis Hodds

13. Birthplace

Kentucky

(City, town, or county)

(State or foreign country)

14. Maiden name

Ida McCuskey

15. Birthplace

Kentucky

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mrs. Oda Bartmer Ave.

(b) Address

6612 Bartmer Ave.,

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof

Dec. 27/41

(Month) (Day) (Year)

(c) Place: burial or cremation

Wickliffe, Ky.

18. (a) Signature of funeral director

Jos. W. Clark,

(b) Address **1125 Hodiamont Ave.,**

19. (a)

DEC 26 1941

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **25,**
year **1941** hour **5:30** minute _____ P. M.

21. I hereby certify that I attended the deceased from **December 23,**
19 **41** to **December 25,** 19 **41**
that I last saw him alive on **December 25,** 19 **41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Hemorrhage**
Bronchiectasis of no P.B.

Due to _____
Due to **107**
Other conditions **Chronic Alcoholism**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **107**
Of autopsy **Bronchiectasis**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **John E. McKittrick** D. O. _____
Address **1515 Lafayette Ave.** Date signed **12/26/41**

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

00
17
9

[Handwritten mark]

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
.....
Licensed Embalmer No..... 3225
P. O. Address..... 1125 Hodiament Ave.,

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.