

Registration District No. 184

Primary Registration District No. 200

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Della Hobbs
3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bertram G. Hobbs 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Apr 29th 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 5 3 hr. min.

9. Birthplace Union County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Lewis
13. Birthplace Union County, Illinois
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mattie Alexander
15. Birthplace Jackson Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Paula Hurts
(b) Address #4 Lombardy Way - River Oaks Mo. 64108

17. (a) Removal (b) Date thereof Oct. 3, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Cairo, Illinois

18. (a) Signature of funeral director Calvin F. Feutz Funeral
(b) Address 4828 Natural Bridge Home.

19. (a) OCT - 3 1942 (b) C. G. McCarroll
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Union
(c) City or town Thebes
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2nd
year 1942 hour 10:15 minute A.M.

21. I hereby certify that I attended the deceased from Aug 27 1942 to Oct 2 1942;
that I last saw him alive on Sept 27 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death Caecum of liver Duration 6 mo

Due to _____

Due to Hot

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 Anthony B. Day (M. D. or other) _____
Address 3720 Washington Date signed 10-2-42

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

96
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DEC 29 1942

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 John A. Milner
Licensed Embalmer No. 4186
P. O. Address St Louis, 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 this body is not embalmed, fact should be so stated above.