

#54326
FILED MAR 18 1946

Registration District No. **318**

Primary Registration District No. **1002**

Registrar's No. **2162**

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-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution **10 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **000**
(c) City or town **ST. LOUIS** **2317**
(If outside city or town limits, write "RURAL")
Street No. **2856** **HEXRIETTA AVE 9**
MEMORIAL (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

HOMER HOBBS

3. (b) If veteran, name war **No**

3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Lillian** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Aug 29 1877**
(Month) (Day) (Year)

8. AGE: Years **68** Months **6** **3** **2** **2** **2** If less than one day _____ hr. _____ min.

9. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Employee**

11. Industry or business **Meyer Bros Drug Co**

MOTHER FATHER

12. Name **Herbert Hobbs**

13. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Fannie Pope**

15. Birthplace **Trenton Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr John Meyer**

(b) Address **55 Webster Grove Mo**

17. (a) **Burial** (b) Date thereof: **3 5 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Kriegshauser**

(b) Address **4228 So. Kingshighway**

19. (a) **MAR 5 1946** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **2nd**
year **1946** hour **1:45** minute **P** M.

21. I hereby certify that I attended the deceased from **2/20/46** to **3/2/46**
that I last saw him **in** alive on **3/2/46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary TB**
for advanced
Duration _____

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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) Means of injury **D**

23. Signature **W. Hamilton** **3/4/46** other **md**
Address **1515 Lafayette** Date signed _____

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

10144

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 *Edwin J. Mc Dermott*
Licensed Embalmer No. *3024*

P. O. Address.....

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.