

FILED MAR 27 1946  
318

State File No.

Registrar's No.

Registration District No.

1003

2476

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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 life  
In this community life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1911 Hickory Street  
Memorial (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

BABY BOY MOBBS #1

3. (b) If veteran, name war

NO

3. (c) Social Security No.

NO

4. Sex

M

5. Color or race

W

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

S

6. (b) Name of husband or wife

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

7. Birth date of deceased

January 13, 1946

8. AGE:

Years 0

Months 1

Days 29

If less than one day

hr. \_\_\_\_\_ min.

9. Birthplace

St. Louis, Missouri

10. Usual occupation

infant

11. Industry or business

MOTHER FATHER

12. Name

Ira Mobbs

13. Birthplace

Hickman, Kentucky

14. Maiden name

Blanche Williams

15. Birthplace

Poplar Bluff, Missouri

16. (a) Informant

Mary Rey

(b) Address

4258 Manchester Av.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

3-14-46

(c) Place: burial or cremation

St. Matthews Cemetery

18. (a) Signature of funeral director

A. W. McLaughlin

(b) Address

2301 Lafayette Av. St. Louis, Mo.

19. (a)

MAR 14 1946

J. F. Aredeck

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th  
year 1946 hour 6:30 minute P

21. I hereby certify that I attended the deceased from 1/23/46  
\_\_\_\_\_ 19\_\_\_\_ to 3/12/46 19\_\_\_\_

that I last saw him alive on 3/12/46  
and that death occurred on the date and hour stated above.

Immediate cause of death meningitis

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? \_\_\_\_\_

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work (Specify type of place) \_\_\_\_\_

23. Signature J. F. Aredeck 1515 Lafayette 3/19/46

Date signed \_\_\_\_\_

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

10364

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**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..... *E. H. Cooper* .....

Licensed Embalmer No. *3830* .....

P. O. Address *2301 Lafayette 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.**