. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31841

FILED SEP 24 1946

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 7828

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 001
(c) City or town St. Louis 23 17
(If outside city or town limits, write "RURAL")
(d) Street No. 907 Lynch Ave. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leonard Gale Hobbs

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 25 (Day) 1946 (Year)

8. AGE: Years 0 | Months 4 | Days 12 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Leonard C Hobbs 1
13. Birthplace Cave in Rock (City, town, or county) Illinois (State or foreign country) 1

MOTHER
14. Maiden name Madeline Brannon
15. Birthplace Senath (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Leonard Hobbs
(b) Address 907 Lynch Ave.

17. (a) Motor (Burial, cremation, or removal) (b) Date thereof 9 /7 /46 (Month) (Day) (Year)
(c) Place: burial or cremation Paragould Ark.

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) SEP 10 1946 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7 year 46 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 7, 19 46 to Sept 7, 19 46 and that death occurred on the date and hour stated above.

that I last saw h alive on Sept 7, 19 46

Immediate cause of death Dearrhea

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Janet Talmadge, M.D. (M.D. or other)
Address 1515 Lafayette Date signed 9-7-46

(Licensed Embalmer's Statement on Reverse Side)

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

7823

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 L. R. Cooper

Licensed Embalmer No. 3633 2317 Rayfayo

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.