

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6440

State File No. _____
Registrar's No. 1385

FILED FEB 24 1947

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 178 days
(Specify whether years, months or days)
In this community _____
years, months or days)

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

3. (a) PRINT FULL NAME Mary Cecile Hobbs
3. (b) If veteran, name war None
3. (c) Social Security No. 332-20-2701

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 7
year 1947 hour 5 minute 50 P.M.
21. I hereby certify that I attended the deceased from August 13
1946 to Feb. 7 1947
that I last saw h. s. r. alive on Feb. 7 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Milton Hobbs
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 11 1900
(Month) (Day) (Year)

Immediate cause of death Advanced pulmonary tuberculosis
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days
46 8 26
If less than one day
hr. _____ min. _____

Major findings: As above
Of operations _____
Of autopsy As above
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace White Hall Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Walter Smith
13. Birthplace Rennick Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Susan Anderson
15. Birthplace White Hall Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Roberta Hobbs Koehm
(b) Address Greenfield, Illinois

17. (a) Removal (b) Date thereof 2-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenfield, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) FEB 10 1947 (b) J. J. Brodock
(Date received local registrar) (Registrar's signature)

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 F. R. Ruddy (M. D. or other) _____
Address Barnes Hospital Date signed 2-8-47

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

MOTHER FATHER

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.....
Henry M. Branner
Licensed Embalmer No..... *4200*

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.