. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43133

FILED DEC 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11309

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: 3447 Williams Pl.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County and

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3447 Williams Pl. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Margaret E. Hobbs

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Isaac Hobbs

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

7. Birth date of deceased June (Month) 14 (Day) 1880 (Year)

8. AGE: Years 67 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Cape Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Robert Minton
13. Birthplace (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Nancy Taylor
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Roy Hobbs
(b) Address 3328 Aubert Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) DEC 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1947 hour 12 minute 37 P.M.

21. I hereby certify that I attended the deceased from Jan 1945, 19, to Dec 9, 1947
that I last saw her alive on Dec 8, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death - Carcinoma of Sigmoid

Due to

Due to

Other conditions General Carcinomatosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 1½ yrs

46

PHYSICIAN

Underline the cause of 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 A G Hudson (M. D. or other) MD

Address 508 N Grand Date signed 12-11-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. G. Heldeman
Metro. Bldg.
1:30 to 5

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 Warren A. Carver

Licensed Embalmer No. 3534

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.