S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Registration District No. 318

Primary Registration District No. 1003

State File No. 14214

Registrar's No. 4293

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Firmin Desloge Hospital (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 000

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

(d) Street No. 5 6122A Plymouth Ave., (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Hobbs, Coy

3. (b) If veteran, name war No

3. (c) Social Security No. 494-05-4047

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased Jan. 6, 1903 (Month) (Day) (Year)

8. AGE: Years 45 Months 3 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Confectionery busness

11. Industry or business

FATHER
12. Name Louis Hobbs
13. Birthplace (City, town, or county) Kentuckey (State or foreign country)

MOTHER
14. Maiden name Ida McCuskey
15. Birthplace (City, town, or county) Kentuckey (State or foreign country)

16. (a) Informant Bernice Hobbs

(b) Address 6122A Plymouth Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8/48 (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) MAY 7 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-5-48 day year hour 11:10 A. minute M.

21. I hereby certify that I attended the deceased from 12-17-47, 19, to 5-5-48, 19; that I last saw him alive on 5-5-48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death inanition, hemorrhage Pyemia	3 mo
Due to Blockage of common bile duct	3 mo
Due to Carcinoma of the head of the pancreas with metastasis to	6 mo +
Other conditions regional lymph nodes, lungs + liver (Include pregnancy within 3 months of death)	

Major findings:
Of operations Carcinoma of head of pancreas with obstruction of common duct + metastasis
Of autopsy Carcinoma of head of pancreas with obstruction of common bile duct + metastasis to lymph nodes lungs + liver

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 0

23. Signature D. E. Basso (M. D. or other)

Address 1325 South 6 and St. Louis, Mo. Date signed 5-6-48

(Licensed Embalmer's Statement on Reverse Side) D. Basso, M.D.

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 Anthony Bonn, Registered Apprentice No. 102, working under my personal supervision.

Signed Alfred J. Bredeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont 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.