

FILED MAY 6 1943

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 823

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
471 Adrain Dr.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether Since Birth)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town Riverview Gardens
(If outside city or town limits, write "RURAL")

(d) Street No. 471 Adrain Dr.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Hobbs S r.

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased August 4, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>7</u>	<u>30</u>	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER

12. Name John Hobbs

13. Birthplace Unknown Wales
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Sharon

15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hobbs Jr.

(b) Address 471 Adrain Dr. R.G.

17. (a) Burial (b) Date thereof 4/6/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) APR 8 1943 (b) C. J. McQuinn M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1943 hour 12:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from March 2, 1943 to April 3, 1943
that I last saw him alive on April 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of urinary bladder and testes

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings of operation Carcinoma bladder involving prostate and testes & Metastasis

Of autopsy _____

Duration 6 mo

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? _____

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

23. Signature W. J. ... (M. D. or other)

Address 8-01 N Broadway Date signed 4/3/43

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

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 Francis A Williamson
Licensed Embalmer No. 3565
P. O. Address St Louis Mo.

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.