

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21858

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

2003

City St. Louis Mo. (No.....)

Sanitarium

File No.....

Registered No.....

5977

St.....

Ward.....

2. FULL NAME

George W. Dolbe

(a) Residence, No.....

935 Charbon

BL

13 Ward.

Ferguson Mo.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR

Widowed
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(or) WIFE OF

Laura Dolbe

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 1, 1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

About 81

0

2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or

particular kind of work

Stationary Engineer

(b) General nature of industry,

business, or establishment in

which employed (or employer)

Union

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Cincinnati

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

Thomas Dolbe

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ohio

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Catherine High

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ohio

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

W. H. Hume

City of St. Louis

15.

FILED

— 1 1928

Max E. Stark

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

6-3-1928

17.

I HEREBY CERTIFY, That I attended deceased from

5-19-1928

to

6-3-1928

1928

that I last saw him alive on

6-2-1928

1928

and that death occurred, on the date stated above, at

4:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

17

Chronic

myocarditis

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CONTRIBUTORY

(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH.....

DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W. H. Hume

M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state

(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or

HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Bellfontaine Cemetery

June 6 1928

20. UNDERTAKER

ADDRESS

Drehmann Funeral

1905 Union

