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

Do not use this space.

26077

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 7271

City St. Louis (No. U.S. Marine Hospital ..... Ward)

2. FULL NAME Edward Dobbins

(a) Residence. No. 1719 S. 3rd St. St., 23 Ward. .....
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Caroline Dobbins

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 21, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	5	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work General labor

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer US Eng. Dept. St. Louis, Mo.

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Dobbins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Mary McDonald

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

14. INFORMANT Thomas B. Harrison
(Address) 3640 Marine Ave., St. Louis, Mo.

15. FILED 11 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929, 19..., to July 10, 1929, 19..., that I last saw him alive on July 10, 1929, 19..., and that death occurred, on the date stated above, at 10 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aneurysm of aorta

34

96

unknown (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Syphilis - tertiary unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray & Laboratory

(Signed) I. C. Wilson, M. D.

7-10-, 1929 (Address) 3640 Marine Ave., St. Louis

*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 New St Marcus Cem — DATE OF BURIAL 7-12 1929

20. UNDERTAKER Weick Bros — ADDRESS 2201 So Grand

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.