

JUL 27 1935

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

Do not use this space.

21774

1. PLACE OF DEATH

County St Louis Registration District No. _____
Township Central Primary Registration District No. _____
City Richmond Heights, St Marys Hospital St. _____ Ward _____

File No. _____

Registered No. 129

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2032 Bradell St., _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Maudie Dobbin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1 - 1878</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>-</u>
	DAYS <u>20</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Sales Manager</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Single Sewing Mach</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
	11. Total time (years) spent in this occupation _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Pa

FATHER 13. NAME Frank S Dobbin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Pa

MOTHER 15. MAIDEN NAME Ida Squigella

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Pa

17. INFORMANT (ADDRESS)
Welan Thye 2032 Bradell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE June 27, 1935

19. UNDERTAKER (ADDRESS)
Fred W Williams 45 1/2 Bradell

20. FILED June 22, 1935 Tertrude Carter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 21, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1935, to June 21, 1935

I last saw him alive on June 21, 1935. Death is said to have occurred on the date stated above, at 6:20 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Date of onset May 20, 1935

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W Elbert, M. D.

(Address) 3720 Washington

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.

