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.

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

Do not use this space.

40048

DEC 13 1937

1. PLACE OF DEATH St. Louis Maternity Hospital

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City Saint Louis, Missouri (No. ..... St. ..... Ward)

File No. .....

Registered No. 11035

2. FULL NAME Infant Dobson

(a) Residence, No. 265 Plaza Drive St., 12 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-19-37

7. AGE Stillborn — YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Saint Louis, Missouri

FATHER

13. NAME Wilson Earl Dobson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wichita, Kansas

MOTHER

15. MAIDEN NAME Dixie Jo Dale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cane Hill, Mo.

17. INFORMANT (ADDRESS) J K Brown 630 So Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Anatomical Board DATE Nov 19 1937

19. UNDERTAKER (ADDRESS) Dept of Pathology Washington University

20. FILED NOV 30 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1937, to Nov 19, 1937

I last saw her alive on Nov 19, 1937. Death is said to have occurred on the date stated above, at 1:30 P m.

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

Stillborn 38 weeks

Date of onset

Other contributory causes of importance:

Atelectasis

Status lymphaticus

Name of operation none Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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) J. K. Brown, M. D.

(Address) 630 So. Kingshighway Blvd

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