

JAN 24 1938

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

Do not use this space.

46717

File No. _____
Registered No. 454
St. _____ Ward _____

1. PLACE OF DEATH
County St. Louis
Township Central
City Clayton

Registration District No. 790
Primary Registration District No. 6033A
(No. 7160 Northmoor Drive)

2. FULL NAME Frank Gordon Stobie
(a) Residence, No. 7160 Northmoor Dr. St. _____ Ward Clayton
(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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia Stobie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 24, 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 3 15

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1937
22. I HEREBY CERTIFY, That I attended deceased from _____ 1937, to _____ 1937.
I last saw him alive on December 8, 1937. Death is said to have occurred on the date stated above, at 8 A. m.
The principal cause of death and related causes of importance were as follows:
rhumatic heart disease Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner Stobie Photo Copy Co.
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. 62

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? urinal - P.M. Was there an autopsy? yes

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri |
13. NAME Frank I. Stobie |
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri |
15. MAIDEN NAME Susie Stanley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri |

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 _____

17. INFORMANT (ADDRESS) Mrs. Virginia Stobie 7160 Northmoor Dr.
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE 12-11-1937
19. UNDERTAKER (ADDRESS) Louis J. Bopp Kirkwood Mo.
20. FILED 7/10 1937 Paul Signorette Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Stobie _____ M. D.
(Address) St. Louis Mo

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.

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