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.

REC'D MAR 14 1938

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

4554
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 1199

1. PLACE OF DEATH

(a) County
(b) Township
(c) City St. Louis, Missouri (d) Street No. Missouri Baptist Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 46 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Louise Dobbins 152

(a) Residence, No. 4543 Nadine Court St. NP Pasadena Hills Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 James Dobbins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 22, 1891

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
46	5	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 6 Mos
11. Total time (years) spent in this occupation 20 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME Joseph Frank
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER

15. MAIDEN NAME Louise Winkler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Labori Illinois.

17. INFORMANT James Dobbins
(ADDRESS) 4543 Nadine Court

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Feb 2, 1938

19. FUNERAL DIRECTOR John A. Genteman
(ADDRESS) 5077 Durant Ave.

20. FILED FEB 1 1938 19... J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30- 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1938, to Jan 30, 1938
I last saw h. alive on 1-30, 1938. Death is said to have occurred on the date stated above, at 12 54 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinomatosis, general	
Metastasis Primary unknown	
53	

Other contributory causes of importance:
General Metastasis

Name of operation — Date of —
What test confirmed diagnosis? usual 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) Carl H Wachenfeld, M. D.
(Address) 4 n 8th St St Louis, Mo

(Licensed Embalmer's Statement on Reverse Side)

4 N. [illegible]
Ja. 032 U

STATEMENT BY LICENSED EMBALMER

I, Albert H Hoppe, Licensed Embalmer No. 1861

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. ..... or by ..... Registered Apprentice No. .....

working under my personal supervision.

Signed Albert H. Hoppe

Licensed Embalmer No. 1861

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)