

DEC'D APR 12 1939

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

791
1008

9231

Do not use this space.

2996

1. PLACE OF DEATH

(a) County..... 1 Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis or St. Louis (d) Street No. Central 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

152 Robert G. Dobbins
(a) Residence, No. 3614a North 11th Street St. 26 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 10 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Moulder
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) St. Louis Mo. C.FATHER 13. NAME James W. Dobbins14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IrelandMOTHER 15. MAIDEN NAME Martha Lester16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT (ADDRESS) Alex Dobbins 7262 Ravinia Dr18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Apr. 1, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue20. FILED MAR 30 1939 J. D. Dobbins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1939 to March 29, 1939
I last saw him alive on Mar. 29, 1939. Death is said to have occurred on the date stated above, at 4:23 PM
The principal cause of death and related causes of importance were as follows:

Broncho-PneumoniaDate of onset
3/28/39

Other contributory cause of importance

Chronic AlcoholismChronic MyocarditisName of operation..... 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?
If so, specify.....
(Signed) Arthur N. Jost, M. D.
(Address) 1901 Madison St

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Leonard Hampton*

Licensed Embalmer No. *2967*

P. O. Address *2161 E. Fair*

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

If this body is not embalmed, above space should be left blank.