

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 64

1. PLACE OF DEATH:

(a) County 2  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4220 W. Chippewa St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life years, months or days

3. (a) PRINT FULL NAME John T. Dobbin 150

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Frances 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 4 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 8 29 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation St. Louis City Park Dep't

11. Industry or business 0

12. Name Unknown ?

13. Birthplace Unknown ?  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alice M. Miller

(b) Address 4220a W. Chippewa St.

17. (a) Burial (b) Date thereof Jan. 5/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cem.

18. (a) Signature of funeral director Wacker-Waldert

(b) Address 3634 Gravois Ave

19. (a) JAN 4 1940 (b) J. F. Bracke  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
(c) City or town St. Louis 15  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4220 W. Chippewa  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3  
year 1940 hour 6:00 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 12/22/40  
\_\_\_\_\_, 19\_\_\_\_, to 1/3/40, 19\_\_\_\_;  
that I last saw him alive on 1-3-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Partial Bronchial Obstruction 12 hrs.

Due to Bronchial Metastases?

Due to Carcinoma of the Oesophagus 8 mos.

Other conditions HO  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

28. Signature Paul B. Webby (M. D. or other) MD

Address 3467 Morganford Date signed 1/3/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

WHITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

NO FEB 17 1940

1939-1

**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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address St Louis mo

**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.