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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30273

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7550

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days 1
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 2449 N. Spring Ave 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EDWARD B DOBBINS

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Grace Dobbins

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased August (Month) 8 (Day) 1876 (Year)

8. AGE: Years 64 Months 0 Days 28 If less than one day hr. min.

9. Birthplace Sumner (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Owner 4

11. Industry or business Confectionery 9

FATHER
12. Name Vincent Dobbins 9
13. Birthplace not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace Dobbins
(b) Address 2449 N. Spring Ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept-9-40 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director A. Kron Und Co
(b) Address 2707 North Grand Bl.

19. (a) SEP 9 1940 (Date received local registrar) (b) J G Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 6 day 6
year 1940 hour 5 ~~[illegible]~~ minute p.m. M.

21. I hereby certify that I attended the deceased from ~~[illegible]~~ Aug 30, 1940 to Sept 6, 1940
that I last saw him alive on Sept 6, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	7 days
Due to Chr myocarditis	
Due to Embolism legs	5 days
Other conditions Pulmonary Embolism (Include pregnancy within 3 months of death)	1 day

Major findings:
Of operations
Of autopsy

93C

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury 1

23. Signature Herbert S. Pruett (M. D. or other)
Address 3126 N. Grand Date signed 9-7-40

(Licensed Embalmer's Statement on Reverse Side)

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 Paul F. Kroeberberg

Licensed Embalmer No. 2631

P. O. Address 5707 N Lan

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

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