

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5684**
Registrar's No. **1932**

REG. MAR 25 1941 791

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 2 Days
(Specify whether
In this community 4 yrs.
years, months or days)

3. (a) PRINT FULL NAME Edward Mobley
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased. Unknown
(Month) (Day) (Year)

8. AGE: Years 66 Months _____ Days _____ If less than one day
hr. _____ min.

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

10. Usual occupation Engineer

11. Industry or business Unknown

12. Name Unknown Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Ann Morrison

(b) Address St. Louis City Hospital #1.

17. (a) _____ (b) Date thereof 2-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. R. ...

(b) Address 3500 Ridge

19. (a) FEB 28 1941 (b) J. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 700 North Third St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 10,
year 1941 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from January
8, 1941 to February 10, 1941
that I last saw him alive on February 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis

Due to _____

Due to _____

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings: None
Of operations

Of autopsy None

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) (e) Means of injury 1

23. Signature L. V. Mulligan (M. D. or other) 2/10/41

Address 1515 Lafayette Avenue Date signed _____

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.