

DEC 22 1941 791

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **8905**

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:
4967 Farlin Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Emma Dobson-Imboden

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Willis R. Dobson 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased October 30 1869
(Month) (Day) (Year)

8. AGE: Years 72 Months _____ Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Rhea 18. Birthplace Missouri

{ 14. Maiden name Margaret Anderson 15. Birthplace Missouri

{ (City, town, or county) (State or foreign country)

16. (a) Informant Paul Imboden (Son)

(b) Address 4967 Farlin Avenue

17. (a) Burial (b) Date thereof 11/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cem.

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 No. Kingshighway

19. (a) Nov. 11 1941 (b) J. T. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4967 Farlin Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10th
year 1941 hour Four minute 30 A.M.

21. I hereby certify that I attended the deceased from May
1941 to Nov 1941

that I last saw him alive on Oct 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy Duration _____

Hypertension
Nephritis
Chronic Conditions

Other conditions _____
(Include pregnancy within 6 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 _____

23. Signature Dawwhite (M. D. or other) _____

Address 624 N. Grand Date signed 11-10-41

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

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9
9

000
19
127

MOTHER FATHER

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

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 *Albert G. Hooper*.....

Licensed Embalmer No. *2971*.....

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, above space should be left blank.