S. No. 2
I—1-4-41
. 5-17-39
I X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1942

Registration District No. 791

Primary Registration District No. 1003

State File No. 19833

Registrar's No. 5220

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution six hours (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 923
(If outside city or town limits, write "RURAL")

(d) Street No. 2743 Accomac St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME W. PAUL MOBLEY

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 Amelia Mobley

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased February (Month) 16, (Day) 1879 (Year)

8. AGE: Years 63 | Months 3 | Days 28 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Attorney

11. Industry or business Mobley & Bohnenkamp

FATHER
12. Name John H. Mobley
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Emma A. McFaden
15. Birthplace Pendelton (City, town, or county) Mo (State or foreign country)

16. (a) Informant Mrs. Amelia Mobley

(b) Address 2743 Accomac St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June-17-42 (Month) (Day) (Year)

(c) Place; burial or cremation Valhalla

18. (a) Signature of funeral director A. Kron L & U. Co

(b) Address 2707 N. Grand Blv'd

19. (a) JUN 16 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14

year 1942 hour 4 minute 25 a M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;

that I last saw h..... alive on ....., 19....;

and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull; Subdural Hemorrhage of the Brain; when he was injured while riding a

Due to bicycle in front of 3015 Hawthorne Blvd. about 9:20 P.M., June 13, 1942,

Due to CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED:

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) Accident

(b) Date of occurrence June 13, 1942

(c) Where did injury occur? St. Louis, Mo. 000
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place
(Specify type of place)

While at work? (e) Means of injury 3

23. Signature Thomas F. Callana (M.D. or other)

Address Deputy Coroner Date signed 6/16/42

(Licensed Embalmer's Statement on Reverse Side)

844

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. Kroellenberg

Licensed Embalmer No. 2631

P. O. Address 2707 N. Grand

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.