

S. No. 2
M-94-41
5-17-39
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19526

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 3 1949 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 5712

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Hrs. 33 Min
(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
(If outside city or town limits, write "RURAL")

(d) Street No. 4034a Aldine
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Joyce Ann Dobbs

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 18
year 43 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from 5-18, 1943 to 5-18, 1943
that I last saw her alive on 5-18, 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro

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

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

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

7. Birth date of deceased: 5 18 43
(Month) (Day) (Year)

Immediate cause of death.....
Prematurity

Due to Unknown

Due to Unknown

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

8. AGE: Years Months Days If less than one day
3 hr. 33 min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name Paul Dobbs

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

14. Maiden name Christine Norman

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

16. (a) Informant Father M. J. Sherard, R.R. 1

(b) Address 2601 N. Whittier Street

17. (a) Burial (b) Date thereof JUN 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director H. J. Merschman

(b) Address City Health Dept

19. (a) JUN 23 1943 (b) J. F. Bradock
(Date received local Registrar) (Registrar's signature)

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 E. P. Ripker (M. D. or other).....
Address 2601 N. Whittier Date signed 6-22-43

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

MOTHER FATHER

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.