

S. No. 2
M-2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

30966
State File No.
Registrar's No. 8292

FILED SEP 28 1943
518
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 9 Days (Specify whether
In this community 20 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME John Jobe

3. (b) If veteran, name war none 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 Violet Jobe 6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased April 19 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
32 4 27 hr. min.

9. Birthplace Mound City Ill. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed - Laborer

11. Industry or business

MOTHER FATHER { 12. Name Louis Jobe
13. Birthplace Ill. 1
(City, town, or county) (State or foreign country)
14. Maiden name Saphronia Coleman
15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Violet Jobe
(b) Address 1421a Benton St.
17. (a) Burial (b) Date thereof 9-20-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.
18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave

19. SEP 18 1943 (b) J. Thredwell
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 26
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 26
(d) Street No. 1421a Benton St. (If rural, give location) 000
(e) Citizen of foreign country? 0 (Yes or No) 17
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 16,
year 1943 hour 1:45 minute P. M.
21. I hereby certify that I attended the deceased from September
8, 1943, to September 16, 1943
that I last saw him alive on September 16, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pyelonephritis
bilateral Pyonephrosis
non-suppurative
Hypoplasia of Bladder
Due to Multiple Congenital Malformations
Other conditions (Include pregnancy within 3 months of death)

Major findings: 133a
Of operations None
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?
While at work? (Specify type of place) Means of Injury
23. Signature Red Mad (M. D. or other) 0
Address 1515 Lafayette Avenue Date signed 9/18/43

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

John T. Bushley

Licensed Embalmer No.....

1674

P. O. Address.....

2223 So Lane W8

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.