S. No. 2
0M—2-43
v. 5-17-39
I X35597

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

State File No. 35191

FILED NOV 19 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9573

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

(d) Length of stay: In hospital or institution one day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

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

(d) Street No. 3100 Clark
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Richard Dobbins

3. (b) If veteran, name war NO

3. (c) Social Security No. None

4. Sex M 2

5. Color or race Negro

6. (a) ~~Single, widowed, married~~, divorced Div 3

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 1 (Day) 1900 (Year)

8. AGE: Years 45 Months 2 ~~Days~~ 30 If less than one day hr. min.

9. Birthplace Pleasant Grove (City, town, or county) Ala 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Geo Dobbins
13. Birthplace Bibbs County (City, town, or county) Ala 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) " (State or foreign country)

16. (a) Informant George Dobbins
(b) Address 2706 Spruce

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. H. Harrison
(b) Address 2906 Rawton

19. (a) NOV 5 1945 (Date received local registrar) (b) J. F. Beebe (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 31 day Oct year 1945 hour 1 minute 10 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 Internal hemorrhage from Ruptured Aortic Aneurysm

Due to Cause not determined

Due to

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)

(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)

While at work? (e) Means of injury 3

23. Signature Patrick E Fay Co (M.D. or other)

Address Date signed 11/3/45

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hulliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave

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.