

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 12 1948

Registration District No.

Primary Registration District No.

Registrar's No. 6382

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:
5073a Delmar Blvd.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 12 5073a Delmar Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Francis Dobbs

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex F. Color or race W.
5. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Joseph B. Dobbs
6. (c) Age of husband or wife if alive 1862 years
7. Birth date of deceased Aug. 21st., 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 10 13 hr. min.

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

10. Usual occupation At Home

11. Industry or business.....

12. Name John Curry

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

14. Maiden name Adeline Guthrie

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

16. (a) Informant Mr. Vivian O. Dobbs

(b) Address 5073a Delmar Blvd.

17. (a) Burial (b) Date thereof 7-7-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oaklary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JUL 5 1948 (b) J. J. Briscoe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1947 hour 1 minute 15 a.m.

21. I hereby certify that I attended the deceased from 7/2/47 to 7/4/47 and that death occurred on the date and hour stated above.

Immediate cause of death.....

Chr. Myocardial Degeneration 30y.

Due to.....

Due to.....

Other conditions (include pregnancy within 3 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)

Signature G. William Poehl (M. D. or other) M. D.

Address 5101 Delmar Bl. Date signed 7/4/47

WRITE PLAINLY—USING 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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.