

FILED DEC 31 1947

Registration District No. _____

Primary Registration District No. 3069

Registrar's No. 2627

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Harsett Clinic, 1200 S. Big Bend
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7
(Specify whether

In this community
years, months or days _____

3. (a) PRINT FULL NAME Ronald Dobson

3. (b) If veteran, name war _____ 3. (c) Social Security No. 496-29-9155

4. Sex male 5. Color or race W. C. 6. (a) Single, widowed, married, divorced, single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive, years _____

7. Birth date of deceased Sept. 9 1930
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 3 7 hr. min.

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

10. Usual occupation School Teacher

11. Industry or business Richmond Hts

12. Name Ronald Dobson

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

14. Maiden name Ann Reynolds

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

16. (a) Informant Paul J. Dobson

(b) Address 8920 E. Luanael.

17. (a) Burial (b) Date thereof 12-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director W. W. Bruel

(b) Address 4467 E. Luanael Ave.

19. (a) 12-20-47 (b) Paul J. Dobson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
(c) City or town Richmond Hts
(If outside city or town limits, write "RURAL")
(d) Street No. 9020 E. Luanael, Richmond Hts
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 3
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1947 hour 9:35 minute A M.

21. I hereby certify that I attended the deceased from 12-15
1947 to 12-15 1947
that I last saw him alive on 12-15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Brain injury, severe concussion, pulmonary edema Duration 1 hr.

Due to Blow on head

Due to - 185
70

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

Major findings: _____
Of operations _____
Of autopsy Coroner's report

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: struck by

(a) Accident, suicide, or homicide (specify) Accident a pick

(b) Date of occurrence 12-15-47 129

(c) Where did injury occur? Richmond Heights, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? Yes (Specify type of place) _____
Means of injury _____

23. Signature Paul J. Dobson (M.D. or other) 0

Address 1200 S. Big Bend Blvd Date signed 12-20-47

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

MOTHER FATHER

OCT 22 1948

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.....

Frederick P. Stark

Registered Apprentice No. *74*

working under my personal supervision.

Signed.....

Melvin E. Green

Licensed Embalmer No. *4428*

P. O. Address..... *St. Louis, Mo*

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.