No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 16 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2673

Primary Registration District No. 1003

Registrar's No. 87

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

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: 3511 N. Jefferson Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Nil (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 220

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 20 3511 N. Jefferson 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Stanton Jobe

3. (b) If veteran, name war No

3. (c) Social Security No. 494-05-3643

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan. 24 (Month) 1873 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	11	11	hr. min.

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

10. Usual occupation Retired R. R. Switchman

11. Industry or business R. R.

FATHER
12. Name Unknown Jobe
13. Birthplace Unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant Rose Jobe

(b) Address 3511 N. Jefferson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-48 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) JAN 5 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th year 1948 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 14th 1947 to Jan 5th 1948 that I last saw him alive on Jan 3rd 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with Hypertension and anemia

Due to

Due to

Other conditions old age
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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

23. Signature W. W. Gaines (M. D. or other)

Address 3505 N. Grand Date signed 1-5-48

Jefferson City Printing Co.

(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 Neville B. Grohwetter

Licensed Embalmer No. 3696

P. O. Address 3934 No 20th St.

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.