

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25583

State File No.

BIRTH NO. _____ REG. DIST. NO. 1317 PRIMARY REG. DIST. NO. 4464 Registrar's No. 1619

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Overland</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Overland</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>2429 Hood Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2429 Hood Ave.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Francès</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Mobley</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>July 8 1949</u>

5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 3, 1865</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Felix M. Parks</u>	13b. MOTHER'S MAIDEN NAME <u>Adeline ?</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Mobley</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. F. Joly</u>	ADDRESS <u>2429 Hood Ave.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia - Terminal -</u>		<u>2 days -</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Serious (Arteritic) arterio-sclerosis</u> years DUE TO (c) <u>Hypertension</u> years II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Condition</u>		<u>4 1/2 X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 1, 1949, to July 8, 1949, that I last saw the deceased alive on July 7, 1949, and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Roy A. Walther</u>	(Degree or title) <u>U.M.D.</u>	23b. ADDRESS <u>12438 Woodson Rd Overland Mo</u>	23c. DATE SIGNED <u>7-9-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 11, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis</u>
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DATE REC'D BY LOCAL REG. <u>7-11-49</u>	REGISTRAR'S SIGNATURE <u>Walter H. Dinkler MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ortmann Fu. Home</u>	ADDRESS <u>9222 Lackland</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Al C. Cartman

Licensed Embalmer No. 3478

P. O. Address _____

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.