

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2816

BIRTH NO. #99735 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 704

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2239</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u>		d. STREET ADDRESS (If rural, give location) <u>1427A S. 7th</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GLENDA</u> b. (Middle) <u>SUE</u> c. (Last) <u>MOBLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 22nd 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>7-26-48</u>
9. AGE (In years last birthday) <u>1 YR</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Nil.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>EDWARD C MOBLEY</u>		13b. MOTHER'S MAIDEN NAME <u>HASSIE EDWARDS</u>	
14. NAME OF HUSBAND OR WIFE		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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edward C Mobley</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS <u>1427 S. 7th</u>	
MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculous Meningitis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above, cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Tuberculosis</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/17/50</u> , 19 <u>50</u> , to <u>1/22/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1/22/50</u> , 19 <u>50</u> , and that death occurred at <u>5:30am</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Chas. S. Bryan, MD</u>		23b. ADDRESS <u>1515 Lafayette Ave.,</u>	
23c. DATE SIGNED <u>1/23/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>1-24-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>	
DATE REC'D BY LOCAL REG. <u>JAN 23 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>3125 Lafayette</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*Joe B. Hollman*

Licensed Embalmer No.....

P. O. Address.....

*3125 S. Joplin*

Signed.....  
Student Embalmer.....

**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.**