

FILED MAR 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10863

State File No.

BIRTH NO. _____ REG. DIST. NO. 307 PRIMARY REG. DIST. NO. 3063 Registrar's No. 683

1. PLACE OF DEATH a. COUNTY <u>St. Louis Co. Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Sit Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CRAYTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>48 TOWN Richwood Heights 4485</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8020 Elinora Avenue</u>	

3. NAME OF DECEASED (Type or Print) <u>Paul T. Dobson</u>	a. (First) <u>Paul</u>	b. (Middle) <u>T.</u>	c. (Last) <u>Dobson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 15 - 51</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Caucasian</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3/9/1911</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min <u>40</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seaman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>High School</u>	11. BIRTHPLACE (State or foreign country) <u>Wichita Ark. 1</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Paul Dobson Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Frances Giles</u>	13c. NAME OF HUSBAND OR WIFE <u>John Dobson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY <u>484-1816390</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Dobson</u>	ADDRESS <u>8020 Elinora</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UNDETERMINED</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 21 24</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>DISLOCATION OF CERVICAL VERTEBRAE</u>		<u>25 4d</u>
	DUE TO (c) <u>HEAD TRAUMA FOLLOWING AUTO ACCIDENT</u>		<u>4 d</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>FX RT ULNA</u>		<u>MULTIPLE LACERATIONS & CONTUSIONS</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>	21b. PLACE OF INJURY (a. In or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>25 (COUNTY)</u> (STATE) <u>Windberg & Spears, St. Louis ea. Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 - 10 - 1951 12:35 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Traffic acc.</u>

22. I hereby certify that I attended the deceased from 3-10, 1951, to 3-15, 1951, that I last saw the deceased alive on 3-15, 1951, and that death occurred at Place A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert P. Dummer</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>601 BRENTWOOD BLVD</u>	23c. DATE SIGNED <u>3:15:51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/21/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3/16/51</u>	REGISTRAR'S SIGNATURE <u>Robert P. Dummer MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. W. Bruce</u>	ADDRESS <u>4469 Washington</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4082

AUG 29 1955

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 J. P. Stark

Signed.....
Student Embalmer

Licensed Embalmer No. 4599

P. O. Address St. Louis

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.