

FILED MAY 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13987
4095

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 1-wk.		d. STREET ADDRESS (If rural, give location) 4046 Russell Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) J.	b. (Middle) Ella	c. (Last) Dobyns	Apr. 30, 1951		
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) W.	8. DATE OF BIRTH June 17, 1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Waynesboro, Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Franklin Hall		13b. MOTHER'S MAIDEN NAME Lucinda Davis		14. NAME OF HUSBAND OR WIFE Mr. Joseph E. Dobyns	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Evans Dobyns, 4461 Hunt Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____				
		DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4570		

22. I hereby certify that I attended the deceased from **4-11, 1951**, to **4-30, 1951**, that I last saw the deceased alive on **4-30, 1951**, and that death occurred at **10:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE Joseph E. Dobyns		23b. ADDRESS 812 Calico Street, St. Louis		23c. DATE SIGNED 4/30/51	
24a. BURIAL CREMATION, REMOVAL (Specify)		24b. DATE May 3-1951		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Memorial Gardens St. Louis County	
24d. LOCATION (City, town, or county) (State)		FUNDAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.	
DATE RECD BY LOCAL REG. MAY 1 1951		REGISTRAR'S SIGNATURE J. B. Lacater			

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 *Thomas R. Fenwick*.....

Licensed Embalmer No. *3793*.....

P. O. Address *3840 Lindell*.....

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.