

No. 300
10-48

STANDARD CERTIFICATE OF DEATH

15071

State File No.

FILED APR 19 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 996

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

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1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights		b. COUNTY St Louis	
c. LENGTH OF STAY (In this place) 1 DAY		c. CITY (If outside corporate limits, write RURAL and give township) 908 Saint Louis Blvd 2089	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Marys Hosp.		d. STREET ADDRESS (If rural, give location) 908 Riverview Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) Adeline		b. (Middle) C		c. (Last) Dobson		4. DATE OF DEATH (Month) (Day) (Year) 4 11 52				
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 1/14/87		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 2	IF UNDER 1 YEAR Days 27	IF UNDER 1 YEAR Hours 52	IF UNDER 1 YEAR Min. 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (State or foreign country) New York City			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME Clarence Hunt		13b. MOTHER'S MAIDEN NAME Ella Randall		14. NAME OF HUSBAND OR WIFE Dr. W. N. Dobson dec'd	
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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) No		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME J. K. Weinman		ADDRESS 908 Riverview Blvd.	
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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) Pulmonary Infarction		ANTECEDENT CAUSES				5 M. 17	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Myocarditis		DUE TO (c) Coronary Arteriosclerosis		6 wks	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				1 year	
		Diabetes Mellitus				year.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (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 _____, 1950, to 4/11/52, 19____, that I last saw the deceased alive on 4/11/52, 19____, and that death occurred at 11 P m., from the causes and on the date stated above.

23a. SIGNATURE William A. Knight Jr		(Degree or title) M.D.		23b. ADDRESS 8201 No. Broadway, StL.		23c. DATE SIGNED 4/12/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24b. DATE 4/11/52		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Chapel		24d. LOCATION (City, town, or county) (State) St Louis Mo.	
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DATE REC'D BY LOCAL REG. 4/15/52		REGISTRAR'S SIGNATURE Herbert R. Souke		25. FUNERAL DIRECTOR'S SIGNATURE Robert J. Ambruster, Inc.		ADDRESS 6633 Clayton	
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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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....

Ernest W. Spiller

Signed.....
Student Embalmer

Licensed Embalmer No. *14080*

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.