

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 17 1954

42638

State File No. 11199

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11199**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>22490</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS Mo</b>	c. LENGTH OF STAY (In this place) (Township)	c. CITY OR TOWN <b>ST. LOUIS</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ALEXIAN BROS. Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>3144 IOWA</b>	
3. NAME OF DECEASED a. (First) <b>JOHN</b> b. (Middle) <b>F.</b> c. (Last) <b>MOBLEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>DEC. 7 1954</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>JULY 26 1909</b>
9. AGE (In years last birthday) <b>45</b>	If UNDER 1 YEAR Months Days	If OVER 1 YEAR Hours Min.	11. BIRTHPLACE (City and State or Foreign Country) <b>FLORIDA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PRESIDENT</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FEDERAL C.C. CO</b>	12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>JESSIE A. MOBLEY</b>	13b. MOTHER'S MAIDEN NAME <b>ADA ALLEN</b>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>OMA DELL GOOSTREE 3144 IOWA</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Diffuse Peritonitis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Duodenal Ulcer</b>  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.		INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b>
19a. DATE OF OPERATION <b>12/2/54</b>	19b. MAJOR FINDINGS OF OPERATION <b>Duodenal Ulcer - Diffuse Peritonitis</b>		20. AUTOPSY? YES <input checked="" 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? <b>5410</b>	
22. I hereby certify that I attended the deceased from <b>Nov. 5, 1954</b> to <b>Dec 2, 1954</b> , that I last saw the deceased alive on <b>Dec. 2, 1954</b> , and that death occurred at <b>2:25 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. H. Hensley - M.D.</b> (Degree or title)	23b. ADDRESS <b>3606 Adams</b>	23c. DATE SIGNED <b>12/7/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>DEC. 9 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo</b>
DATE REC'D BY LOCAL REG. <b>DEC 8 1954</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kulis 2906 Travis</b>	

(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 ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Ernest E. Hill*

Licensed Embalmer No.....<sup>43</sup>

P. O. Address.....<sup>2906</sup>

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.