

Registration District No. 791
1008

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1231 Temple
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____
 years, months or days

8. (a) PRINT FULL NAME Dobson, James Dudley 125

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Lida May Dobson 6. (c) Age of husband or wife if alive 59 years7. Birth date of deceased Nov 10 1854
(Month) (Day) (Year)8. AGE: Years 84 Months 9 Days 15 If less than one day hr. _____ min. _____9. Birthplace Nashville Ga.
(City, town, or county) (State or foreign country)10. Usual occupation Salesman11. Industry or business Corticella Silk Co.12. Name Howell Best Dobson13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Lida May Dobson(b) Address 1231 Temple Pl.17. (a) Burial (b) Date thereof 8/28/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Cem.18. (a) Signature of funeral director Edith E. ...(b) Address 4234 Manchester Ave.19. (a) AUG 28 1939
(Date received local registrar) (J.D. ...)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 5
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1231 Temple Pl.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25
year 1939 hour 5 minute 03 A.M.21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Inter-tracheal Epitaxis
of left femur; suffered when he
slipped and fell while pulling
out ledges at his home
1231 Temple place on July
22 1939 at noon.

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence 7/22/39
 (c) Where did injury occur? St. Louis Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work _____ (Specify type of place) (e) Means of injury fall23. Signature Alfred Terry (M. D. or other)
Address St. Louis, Mo Date signed 8/26/39

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

Howard F. Rowland

Licensed Embalmer No. *3114*

P. O. Address *St. Louis, Mo.*

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, above space should be left blank.