

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

FILED MAR 12 1940
291

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 WEEKS
(Specify whether _____)
In this community 2 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI, (b) County _____
(c) City or town ST. LOUIS, MO
(If outside city or town limits, write "RURAL")
(d) Street No. 2209 MAIDEN LANE ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 45 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB., day 10TH,
year 1940, hour 3:10 P.M., minute _____ M.
21. I hereby certify that I attended the deceased from 2-1, 1940, to 2-10, 1940;
that I last saw him alive on 2-10, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pneumonia Ph. Lobar
Due to _____
Type III Lobe
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

3. (a) PRINT FULL NAME 14.5 DOBBLMAN
PETE DOBBLMAN

8. (b) If veteran, name war NONE
8. (c) Social Security No. NONE

4. Sex MALE, race WHITE
5. Color or _____
6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife NANCY DOBBLMAN
6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased APRIL 14TH 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace FRANCE
(City, town, or county) (State or foreign country)

10. Usual occupation FORMERLY

11. Industry or business COAL MINER

MOTHER FATHER { 12. Name UNKNOWN

18. Birthplace FRANCE
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace FRANCE
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Laura Odeha
(b) Address 2209 Maiden Lane

17. (a) BURIAL (b) Date thereof FEB. 12TH 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director Brookland
(b) Address 1827 HOGAN ST.

19. (a) FEB. 12 1940 (b) J. F. Brundage
(Date of registration) (Signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place) (e) Means of injury _____
23. Signature E. J. F. Brundage (M. D. or other)
Address 1515 1/2 A FAYETTE AVE. Date signed FEB. 12TH 1940

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 Guy W. Wilkerson

Licensed Embalmer No. 3595

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, above space should be left blank.