U. S. No. 2
1—11-10-39
Rev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20507

Registration District No. FILED 9 JUN 27 1940 Primary Registration District No. 1003 Registrar's No. 5455

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: Salvation Army Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits write "RURAL") N.R.

(d) Street No. 9983 Winding (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Dobbs 170

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 22 - 1940 (Month) (Day) (Year)

8. AGE: Years | Months | Days 3 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation 0

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Stella Dobbs

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

16. (a) Informant Mrs. Thelma Dalar

(b) Address 9983 Winding

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/25/40 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marks

18. (a) Signature of funeral director Oscar J. Hoffmeister

(b) Address 4116 Chippewa

19. (a) JUN 25 1940 (Date received local registrar) (b) J. R. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24 year 40 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 6/22, 1940, to 6/24, 1940, that I last saw him alive on 6/23, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Subtentorial Hemorrhage	Birth
Due to Intracranial Birth Injury.	"
Due to	
Other conditions Pneumonitis (Include pregnancy within 3 months of death)	less than 24 hrs

Major findings:
Of operations
Of autopsy As above

PHYSICIAN — Underline the cause to which death should be charged statistically.

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)

While at work? (f) Means of injury

23. Signature [illegible] (M. D. or other) M.D.

Address 1122 Mo. Bldg Date signed 6/24/40

(Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillars

Licensed Embalmer No. 14080

P. O. Address 3747 Dunnica

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.