

STANDARD CERTIFICATE OF DEATH

State File No.

3426

FILED APR 27 1942 791

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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

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:
3645 Dodier St.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3645 Dodier St.
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Otto Dobbs

3. (b) If veteran, name war. No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Martha Dobbs 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased. Feb. 22 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 1 Days 21 If less than one day..... hr. min.

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

10. Usual occupation Street Dept.
 11. Industry or business City of St. Louis

MOTHER FATHER
 12. Name William Newman
 13. Birthplace Unknown Virginia
(City, town or county) (State or foreign country)
 14. Maiden name Emma Birtel
 15. Birthplace Unknown Virginia
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Emma Wentz
 (b) Address 3645 Dodier St.

17. (a) Burial (b) Date thereof 4 - 17 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.
 18. (a) Signature of funeral director Cullinane Bros.
 (b) Address 1710 N. Grand Blvd.

19. (a) APR 20 1942 (b) J. F. Budzick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14
 year 1942 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from 3/10/42
 19..... to 4/14/42 19.....
 that I last saw him alive on 4/14/42 19.....
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Chronic Angina 10 yrs
Pectus
 Due to Arterio sclerosis ?

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

Major findings:
 Of operations.....

Of autopsy.....

Duration

1 1/2 hours

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?

While at work?..... (Type of place)
 (e) Manner of injury 0

23. Signature J. F. Budzick (M. D. or other)
 Address 4439 Sun. Express Date signed 4/16/42

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.....

Fred Truck

..... Licensed Embalmer No..... 3186.....

..... 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, fact should be so stated above.