S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 207

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 115

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 805 N. 13th St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: not (Specify whether)
In this community: 78 years. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 805 N. 13th Street (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Ella Sophia Dobele
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: Charles Louis Dobele
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: March (Month) 18 (Day) 1863 (Year)

8. AGE: Years 84 Months 10 Days 6 If less than one day hr. min.

9. Birthplace: Cincinnati (City, town, or county) Ohio (State or foreign country)
10. Usual occupation: At home
11. Industry or business:
MOTHER FATHER
12. Name: Herman Riemeier
13. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
14. Maiden name: Sophia Goedeke
15. Birthplace: Unknown (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Mrs. Frank Stephenson
(b) Address: 805 N.13th St. St.Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan.26,1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Ashland Cemetery
18. (a) Signature of funeral director: Walter Meierhoffer
(b) Address: 1946 Colhoun St., St. Joseph, Mo.
19. (a) 1-29-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 24th year: 1948 hour: 3 minute: 15 P.M.
21. I hereby certify that I attended the deceased from Jan 18, 1948, to Jan 24, 1948, that I last saw her alive on Jan 23, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebrovascular Fibrillation	1 wk.
Due to: —	
Due to: —	
Other conditions: — (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no.
(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? (e) Means of injury:

23. Signature: H. B. Kearby M.D. (M. D. or other)
Address: St Joseph Mo. Date signed: 1-26-48

Jefferson City Printing Co.
(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 Albert E. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, 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.