

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 10704  
2239  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town or ST. Louis, Missouri) c. LENGTH OF STAY (In this place)				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 16			
d. FULL NAME OF HOSPITAL OR INSTITUTION 311 No. Whittier Ave				d. STREET ADDRESS (If rural, give location) 311 No. Whittier Ave. 0			
3. NAME OF DECEASED (Type or Print) JEANIE		a. (First)		b. (Middle) STOBIE		c. (Last)	
4. DATE OF DEATH Mar. 8, 1949		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH May 8th, 1865		9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Edinburgh, Scotland 4	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Brown		13b. MOTHER'S MAIDEN NAME Agnes Brown		14. NAME OF HUSBAND OR WIFE Mr. Henry W. Stobie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Isabelle Metzger, 4 Concord Lane			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ATYPICAL PNEUMONIA</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  10900 492X				INTERVAL BETWEEN ONSET AND DEATH 8 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 2-28, 1949, to 3-8, 1949, that I last saw the deceased alive on 2-28, 1949, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE C. K. Reischmidt M.D.				23b. ADDRESS 508 N. Grand Ave		23c. DATE SIGNED 3-10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3-11-49		24c. NAME OF CEMETERY OR CREMATORY Int. Memorial Pk. Cem. St. Louis, Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL HEALTH DEPT. MAR 10 1949		REGISTRAR'S SIGNATURE J. B. Sabater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Fun. Directors, 2849 N. Euclid			

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

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Dr. Kleinschmidt  
#08 H Room No 9218  
Met Body: 2:00 pm

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed.....

*Robert L. Binkman*

Signed.....

Student Embalmer

Licensed Embalmer No. 3553

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, fact should be so stated above.