

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 2 1952

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State File No. _____
Registrar's No. 0595

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. 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 township) St. Louis, Mo.		c. LENGTH OF STAY (In this place) DOA		c. CITY (If outside corporate limits, write RURAL and give township) 2/TOWN St. Louis 2219		
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Hospital		d. STREET ADDRESS (If rural, give location) 1046 North Grand Blvd.				
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) W. c. (Last) Dobbin		4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1952				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Oct. 5, 1890	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholster		10b. KIND OF BUSINESS OR INDUSTRY Auto		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Robert Dobbin		13b. MOTHER'S MAIDEN NAME Rose Polite		
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None		
17. INFORMANT'S SIGNATURE OR NAME James J. Dobbin, 2918a Parnell Ave.		ADDRESS				
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) <i>Ltr of skull; Subdural hemorrhage suffered when struck by car operated by one Lee Gurneister near intersection of Grand and Linney about 7:52 pm.</i> DUE TO BY <i>Jan 18 1952</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Criminal Carcinoma</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT OR SUICIDE <i>Criminal Carcinoma</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo</i>		
21d. TIME OF INJURY <i>Jan - 18 52 19pm</i>		21e. INJURY OCCURRED WHILE AT WORK WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>68/24 25</i>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>1581</i> m., from the causes and on the date stated above.						
23a. SIGNATURE <i>James J. Dobbin</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>1/21/52</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1-22-1952</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Bellefontaine Cemetery</i>		
24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		DATE REC'D BY LOCAL REG. <i>JAN 21 1952</i>		REGISTRAR'S SIGNATURE <i>James J. Dobbin</i>		
25. FUNERAL DIRECTOR'S SIGNATURE <i>Math Hermann & Son, Inc.</i>		ADDRESS <i>2161 E. Fair Ave.</i>				

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

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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.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. 38820

P. O. Address St. Louis

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.