

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6831**

No. 300
10-48

FILED FEB 18 1957

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **203**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN Richmond Mo	
c. LENGTH OF STAY (in this place) 1 wk		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis County Hosp.			
e. STREET ADDRESS (If rural, give location) 8016 Elinore St			

3. NAME OF DECEASED (Type or Print) a. (First) Paul b. (Middle) Dobson c. (Last) Dobson			4. DATE OF DEATH (Month) (Day) (Year) 1 20 57		
5. SEX Male	6. COLOR OR RACE Negro.	7. (MARRIED, NEVER MARRIED, WIDOWED, DIVORCED) (Specify) Married	8. DATE OF BIRTH Feb. 2, 1883	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during last of working life, even if retired) Labour		10b. KIND OF BUSINESS OR INDUSTRY Custodian	11. BIRTHPLACE (City and State or Foreign Country) Wheeler Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Ruben Dobson	13b. MOTHER'S MAIDEN NAME Winnie White	14. NAME OF HUSBAND OR WIFE Frances Dobson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 489-12-7508	17. INFORMANT'S SIGNATURE OR NAME Mrs Frances Dobson ADDRESS 8016 Elinore R. Hta
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 9 days
	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. Adenocarcinoma of Prostate		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 332X YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) (Min)	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 **1-13, 1957**, to **1-20, 1957**, that I last saw the deceased alive on **1-20, 1957**, and that death occurred at **10:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Blalock md	23b. ADDRESS 601 So. Brentwood	23c. DATE SIGNED 1-20-57
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24a. BURIAL CREMATION (Specify) BURIAL	24b. DATE 1/24/57	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis County MO
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DATE REC'D BY LOCAL REG. 1-24-57	REGISTRAR'S SIGNATURE Herbert B. Dombek	25. FUNERAL DIRECTOR'S SIGNATURE Geo. H. Bruce ADDRESS 4469 Washington St. Louis 8, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Frederick P. Stark*

Licensed Embalmer No. *459*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.