

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3471**

FILED JAN 14 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 41

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR <u>UNIVERSITY</u> TOWN <u>CITY</u> | | c. LENGTH OF STAY (in this place) <u>2 yrs.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8344 Delmar Blvd.</u> | | c. CITY <u>UNIVERSITY CITY</u> OR TOWN <u>CITY</u> | |
| | | e. STREET ADDRESS (If rural, give location) <u>8344 Delmar Blvd.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>E. Clark</u> b. (Middle) <u>Bobbett</u> c. (Last) <u>Bobbett</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1954</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>June 6, 1907</u> | 9. AGE (In years last birthday) <u>46</u> | 10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pres. Masterbilt Corp</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Advertising</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Nevada, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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| 13a. FATHER'S NAME <u>Edward Bobbett</u> | 13b. MOTHER'S MAIDEN NAME <u>Carrie Koehler</u> | 14. NAME OF HUSBAND OR WIFE <u>Laura S. Bobbett</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Laura S. Bobbett</u> | ADDRESS <u>8344 Delmar St. Louis-5-Mo.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 years</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Neopharynx</u> | | II. OTHER SIGNIFICANT CONDITIONS | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | Antecedent Causes | | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) _____ | | |
| | | DUE TO (c) _____ | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 May, 1952, to Jan, 1954, that I last saw the deceased alive on Jan 2, 1954, and that death occurred at 9 A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Walter W. Davis, M.D.</u> | 23b. ADDRESS <u>539 N. Grand</u> | 23c. DATE SIGNED <u>1/6/54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>1-7-1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Deep Wood Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo. via motor</u> |
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| DATE REC'D BY LOCAL REG. <u>1-6-54</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donhe M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>BAUMANN BROS.</u> | ADDRESS <u>2504 Woodson Rd. Overland, Mo.</u> |
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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 *David C. Gibson*.....

Licensed Embalmer No. *344*.....

P. O. Address *Quincy*.....

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.