

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18741**

FILED JUN 7 1952

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 531	Registrar's No. 1416
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Mo. b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, write RURAL and give township) University City		c. CITY (If outside corporate limits, write RURAL and give township) 33 TOWN University City 4336		
c. LENGTH OF STAY (in this place) 23 yrs		d. STREET ADDRESS (If rural, give location) 727 Syracuse		
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 727 Syracuse		e. STREET ADDRESS 727 Syracuse		
3. NAME OF DECEASED (Type or Print) Hollis Elmer Cobb		4. DATE OF DEATH May 30, 1952		
a. (First)		b. (Middle)		c. (Last)
5. SEX 0	6. COLOR OR RACE M W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 15, 1872	9. AGE (In years last birthday) 80 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sweep Clean Mfg. Co. Inc.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Butler, Ill.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME UNKNOWN Cobb		
13b. MOTHER'S MAIDEN NAME Elizabeth Stuckey		14. NAME OF HUSBAND OR WIFE Lottie R. Cobb		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 494-01-2664		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lottie R. Cobb
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) Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Antistatic Ca. DUE TO (c) Ca of lung, left. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus		
19a. DATE OF OPERATION Sept '51		19b. MAJOR FINDINGS OF OPERATION Carcinoma h. lung. 163X		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)		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 1931 , 19, to May 30, 1952 , that I last saw the deceased alive on May 30, 1952 , and that death occurred at 7:15 P.m. , from the causes and on the date stated above.				
23a. SIGNATURE H. B. Barrett M.D.		23b. ADDRESS 5427 Delmar Blvd		23c. DATE SIGNED 5-31-52
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE June 1, 1952		24c. NAME OF CEMETERY OR CREMATORY Walnut Grove Cemetery
24d. LOCATION (City, town, or county) (State) New Port, Ark.		25. FUNERAL DIRECTOR'S SIGNATURE Hubert R. Dombke M.D. Alexander Sons 617 Delmar		
DATE REC'D BY LOCAL REG. 5-31-52		REGISTRAR'S SIGNATURE Hubert R. Dombke M.D.		

SW (Licensed Embalmer's Statement on Reverse Side)

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

Dr Robt B Barrett

F003412

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 jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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.