

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 1 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8582**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) <b>3 years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>108 No. Kingshighway Blvd.,</b>		d. STREET ADDRESS (If rural, give location) <b>108 No. Kingshighway Blvd.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>VIOLA</b> b. (Middle) <b>PEARL</b> c. (Last) <b>BOBEL.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 10, 1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 2, 1875</b>
9. AGE (In years last birthday) <b>77</b>		IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>house wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (State or foreign country) <b>Springfield, Illinois</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Frank James.</b>	
13b. MOTHER'S MAIDEN NAME <b>Belle Horn.</b>		14. NAME OF HUSBAND OR WIFE <b>Oscar H. Bobel.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Frank A. Bobel; Chesterfield, Missouri</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure Congestive</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypostatic Pneumonia</b> DUE TO (c) <b>Atherosclerotic Heart Dis.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Renal failure</b>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>6/14</b> , 19 <b>52</b> , to <b>9/10</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>9/10</b> , 19 <b>52</b> , and that death occurred at <b>4 P.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John B. Summers</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>2531 S. Jefferson</b>	
23c. DATE SIGNED <b>9/11/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9-13-1952</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Lebanon Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>SEP 12 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Lupton &amp; Sons</b>		ADDRESS <b>7233 Delmar Blvd.</b>	

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Arnold W. Schoene*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, Mo.*

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.