

CT 26 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37121
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Country Hospital Primary Registration District No. 701 Registered No. 1886
 (c) City Clayton or (d) Street No. St. Louis County Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred
 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Will Cobb
 (a) Residence, No. 62 Carson Road St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX mal 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF married Viola

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-2-1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 - 0 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Preacher
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

FATHER 13. NAME Shasta Cobb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Mandy Cobb

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Viola Cobb
7703 Bernard St

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Indianola Miss DATE 10 28

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. H. Burns
16-19 1/2 3rd St

20. FILED OCT 26 1939 R. M. Mendenhall
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h_____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 3:45 PM
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage 10/17/39 Date of onset

Other contributory causes of importance:
gaga!

Name of operation _____ Date of _____
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) John O. Powell M. D.
 Coroner of St. Louis County, Mo.

Indianola Miss (Licensed Embalmer's Statement on Reverse Side)

WRITE PRINTED, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed L. V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finnie

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, above space should be left blank.