

AUG FEB 25 1941  
Registration District No. 791Primary Registration District No. 1003Registrar's No. 540

## 1. PLACE OF DEATH:

- (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
1611 Missouri Pacific Building 3  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days

3. (a) PRINT FULL NAME Max T. Cobb3. (b) If veteran,  
name war None3. (c) Social Security  
No. 702-14-18344. Sex Male 5. Color or race ( ) White6. (a) Single, widowed, married,  
divorced Married6. (b) Name of husband or wife Mabel Cobb6. (c) Age of husband or wife if  
alive 41 years7. Birth date of deceased September 9 1885  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
55 4 7 hr. min.9. Birthplace Arkansas  
(City, town, or county) (State or foreign country)10. Usual occupation Clerk11. Industry or business Missouri-Pacific R.R.12. Name Andrew Cobb13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)14. Maiden name Nellie Whitker  
(City, town, or county) (State or foreign country)15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature \_\_\_\_\_

(b) Address 5235 Winona Ave17. (a) Burial (b) Date thereof January 21 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Little Rock Arkansas18. (a) Signature of funeral director Peetz Brothers(b) Address 3029 Lafayette Ave19. (a) JAN 18 1941 (b) J. J. Brudeck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 000  
 (c) City or town St. Louis 1714  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5235 Winona Ave  
 (If rural, give location)  
 (e) ~~Information from how long in U.S.A. Year~~  
~~Physician~~

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th. day January  
year 1941 hour 11:10 minute A. M.21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.Immediate cause of death Aortic Stenosis with  
Concentric Cardiac Hypertrophy;  
CONTRIB: Mesothelioma (Endothelioma)  
Due to of the Pleura;  
Chronic Diffuse Nephritis;

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
( ) Means of injury \_\_\_\_\_23. Signature Philip J. Berry (M. D. or other) 3Address 5235 Winona Ave Date signed 1/18/41

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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 Frank J. Dineen

Licensed Embalmer No. 2245

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, above space should be left blank.**