

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2339**

**1. PLACE OF DEATH:**  
 (a) County \_\_\_\_\_  
 (b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**4243 So. 38th St.**  
(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

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Mo.** (b) County **00015**  
 (c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4243 So. 38th St.**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? **0** years.

**3. (a) PRINT FULL NAME** **Nide E. Cobb Sr.**  
 3. (b) If veteran, name war **None**  
 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **March** day **13th**  
 year **1941** hour **9<sup>00</sup>** minute **00** A.M.  
**21. I hereby certify that I attended the deceased from** **2/12/41**  
 \_\_\_\_\_, 19\_\_\_\_, to **3/13/41**, 19\_\_\_\_;  
 that I last saw him alive on **3/13/41**, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**  
 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Susie Cobb**  
 6. (c) Age of husband or wife if alive **64** years  
 7. Birth date of deceased **May 15 1871**  
(Month) (Day) (Year)

Immediate cause of death  
**Lobar Pneumonia**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Duration **5 days**

**8. AGE:** Years **69** Months **9** Days **28**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** **Auburn Mo.**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Butcher**

**11. Industry or business** **City of St. Louis**

**12. Name** **E. A. Cobb**

**13. Birthplace** **Mo.**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Sarah Cannon**  
(City, town, or county) (State or foreign country)

**15. Birthplace** **Mo.**  
(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Susie Cobb**  
**(b) Address** **4243 So. 38th St.**

**17. (a) Burial** (b) Date thereof **3-16-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elsberry Mo.**

**18. (a) Signature of funeral director** **Kriegshauser Mortuary**  
**(b) Address** **4228 So. Kingshighway Blvd.**

**19. (a) MAR 14 1941** (b) **J. W. Bredeck**  
(Date received local registrar) (Registrar's signature)

**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? \_\_\_\_\_

**23. While at work?** \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
**Signature** **R. J. Keltz** (M. D. or other)  
**Address** **6545 D. Street** signed **3/14/41**

WRITE PLAINLY—USE 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.....

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

working under my personal supervision.

Signed *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

P. O. Address.....

**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.**