

FILED APR 17 1942

Registration District No. 791

Primary Registration District No. 1003

State File No. 3234

Registrar's No.

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:
2611 Park Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma Jackson Cobb

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife William J. Cobb 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 29th, 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Scotland
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name William Jackson
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Cobb
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Cobb
(b) Address 1829 Benton St.

17. (a) Burial (b) Date thereof 4-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Provost Ind. Co.
(b) Address 3710 N. Grand Blvd.

19. (a) APP 10 1942 (Date received local registrar) J. F. Budeak (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1829 Benton St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8th.
year 1942 hour 10.50 minute A. M.

21. I hereby certify that I attended the deceased from March 10
1942 to April 8 1942
that I last saw hER alive on April 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Int. Hepatitis
with regurgitation
Due to Septicemia
Due to Intero Sclerosis

Other conditions (Include pregnancy within 3 months of death) 2/3!

Major findings: Of operations 1/3!
Of autopsy 1/3!
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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) (e) Means of injury 8

23. Signature J. F. Budeak (M. D. or other) 4/19/42
Address 2900 Grand Date signed _____

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

00
17
9

F. W. Beech
2900 h Union
10-1
EV 2657

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand B

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.