

No. 2  
M-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18704**  
Registrar's No. **5219**

FILED JUN 13 1947  
Registration District No. **318**

Primary Registration District No. **1003**

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

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:  
3525 Kingsland Court  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 years  
In this community 20 years  
years, months or days (Specify whether)

3. (a) PRINT FULL NAME W. L. Cobb  
3. (b) If veteran, name war World War #1  
3. (c) Social Security No.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Evelyn Cobb  
6. (c) Age of husband or wife if alive years  
7. Birth date of deceased March 6 1887  
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 20  
If less than one day hr. min.

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

10. Usual occupation Stock Broker

11. Industry or business Lamson Brothers & Co.

MOTHER FATHER  
12. Name Eric Cobb  
13. Birthplace Sweden  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Sweden  
(City, town, or county) (State or foreign country)

16. (a) Informant Eric Cobb  
(b) Address St. Louis Mo

17. (a) Removal (b) Date thereof 5-26-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Illinois

18. (a) Signature of funeral director E. St. Louis, Illinois  
(b) Address E. St. Louis, Illinois

19. (a) Date received MAY 28 1947 (b) Registrar's signature J. F. Breiden  
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 020  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3525 Kingsland Court  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 26  
year 1947 hour 5 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Mar. 6, 47  
to Dec 8, 1947  
that I last saw him alive on May 26 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of lung  
Duration ?

Due to Metastasis to brain  
Due to Metastasis to brain

Other conditions Metastasis to brain  
(Include pregnancy within 3 months of death)

Major findings: Of operations Metastasis to brain  
Of autopsy Metastasis to brain  
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? \_\_\_\_\_

Where at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Patrick J. DuBois (M. D. or other) M.D.  
Address 5202 Ch. ... Dated signed 5-27-47

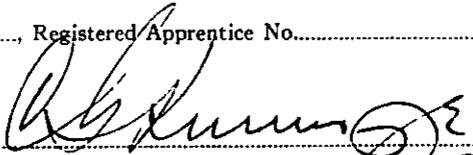
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**STATEMENT BY LICENSED EMBALMER**

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.....  


Licensed Embalmer No..... 3162

P. O. Address..... East St Louis Ill

**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.**