

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38451  
Registrar's No. 10088

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission).  
a. STATE MISSOURI b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS

d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL  
d. STREET ADDRESS (If rural, give location) 5528 PERSHING AVE.

3. NAME OF DECEASED (Type or Print)  
a. (First) VIOLA b. (Middle) MARIE c. (Last) COBB  
4. DATE OF DEATH (Month) (Day) (Year) OF NOV. 22, 1949

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED  
8. DATE OF BIRTH JANUARY 27 1877 9. AGE (In years last birthday) 72

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (State or foreign country) OXFORD, NEW JERSEY  
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME COURTLAND COBB  
13b. MOTHER'S MAIDEN NAME RUTH PIERSON  
14. NAME OF HUSBAND OR WIFE WILLIAM ADAMS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO  
16. SOCIAL SECURITY NO. NONE  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beatrice Adams - 530 North 2d Street

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Bronchopneumonia  
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal obstruction.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  
19a. DATE OF OPERATION \_\_\_\_\_  
19b. MAJOR FINDINGS OF OPERATION As above  
20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_  
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_  
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1st

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? 5:50 PM

22. I hereby certify that I attended the deceased from 11/5/49, 19, to 11/22/49, 19, that I last saw the deceased alive on 11/21/49, 19, and that death occurred at 7 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) \_\_\_\_\_  
23b. ADDRESS 637 N. Grand  
23c. DATE SIGNED 11/22/49

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL  
24b. DATE NOV 23/49  
24c. NAME OF CEMETERY OR CREMATORY WALNUT HILL  
24d. LOCATION (City, town, or county) (State) BELLEVILLE ILLINOIS

DATE REC'D BY LOCAL REG. NOV 23 1949  
REGISTRAR'S SIGNATURE \_\_\_\_\_  
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.

WRITE PLAINLY—USING UNFAADING 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Clarence A. Murray

Licensed Embalmer No. 4011

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, fact should be so stated above.