

STANDARD CERTIFICATE OF DEATH

7284

State File No.

FILED FEB 18 1954

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 253

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>2089</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Normandy</u>	c. LENGTH OF STAY (in this place) <u>9 hours</u>	c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Normandy Osteopathic Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>8541 Mora Lane</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Walter</u>	b. (Middle) <u>A.</u>	c. (Last) <u>Cobb</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 26, 1954</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>August 6, 1882</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 1 HRS. Hour <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Utility Man Hinde & Dauche</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William Cobb</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Reed</u>	14. NAME OF HUSBAND OR WIFE <u>Frieda Cobb</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>497-07-4445</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Frieda Cobb 8541 Mora Lane</u>

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Nephritis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Prostate Gland</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>592XH</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1941 to Jan 26, 1954, that I last saw the deceased alive on Jan 26, 1954, and that death occurred at 10:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. H. Stierman 2 M.D.</u>	23b. ADDRESS <u>8731 Riverview</u>	23c. DATE SIGNED <u>1/28/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-30-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>1/28/54</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Lombard</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Math Hermann & Son, Inc. 2161 E. Fair Ave.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Walter G. Burnley*.....
Licensed Embalmer No. *172*

P. O. Address *St. Louis*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**