

STANDARD CERTIFICATE OF DEATH

State File No. **10581**

No. 300
10.48

FILED **MAR 23 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **605**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. LENGTH OF STAY (In this place) 2 hours	c. CITY OR TOWN Robertson 4071
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis Co Hosp		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) Mary Cobb		a. (First) Mary b. (Middle) Cobb c. (Last) Cobb	4. DATE OF DEATH (Month) (Day) (Year) March 5, 1954

5. SEX Female	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb-28-1902	9. AGE (In years last birthday) 52	if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 HRS. Hours	if UNDER 15 Mins. Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Arkansas City, Ark		12. CITIZEN OF WHAT COUNTRY USA				

13a. FATHER'S NAME Winston Bailey	13b. MOTHER'S MAIDEN NAME Ophelia (Unknown)	14. NAME OF HUSBAND OR WIFE James Cobb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Grant Cobb Robertson, Mo ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident (cerebral thrombosis)		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) hypertension		
	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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
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 **3-5, 1954**, to **3-5, 1954**, that I last saw the deceased alive on **3-5, 1954**, and that death occurred at **10:56 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George Guy M.D.	23b. ADDRESS 601 S. Brentwood, Clayton, Mo	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10 Mar 54	24c. NAME OF CEMETERY OR CREMATORY Washington Park
24d. LOCATION (City, town or county) (State) Berkeley, Mo	25. FUNERAL DIRECTOR'S SIGNATURE Boyd Bros ADDRESS Kinloch, Mo	
DATE REC'D BY LOCAL REG. 3/9/54	REGISTRAR'S SIGNATURE Heather R. Tomke M.D.	

(Signed 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 *Edward A. Lynn*.....

Licensed Embalmer No. *449*.....

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