

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

9457  
2806

State File No. ....

Registrar's No. ....

FILED APR 11 1955

318

1003

BIRTH NO. ....

REG. DIST. NO. ....

PRIMARY REG. DIST. NO. ....

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Missouri</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</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 type="checkbox"/>
c. LENGTH OF STAY (If this place) <u>14 day</u>		e. STREET ADDRESS (If rural, give location) <u>12 720 Clarendon 2129</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Mo. Pacific Hosp. Ass'n</u>			
<b>3. NAME OF DECEASED</b> (Type or Print)      a. (First) <u>Frank</u> b. (Middle) <u>(N.M.N)</u> c. (Last) <u>Cobbler</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 24, 1955</u>
<b>5. SEX</b> <u>M.</u>	<b>6. COLOR (R RACE)</b> <u>C.</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>June 10, 1892</u>
<b>9. AGE</b> (In years last birthday) <u>62</u>	f UNDER 1 YEAR Months _____ Days _____	g UNDER 2 HRS. Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Missouri Pacific R.R.</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Marks, Miss</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>			
<b>13a. FATHER'S NAME</b> <u>Will Cobbler</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>UNK</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Willie Cobbler</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>H99-14-329</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Lena Jones, 4605<sup>a</sup> Page</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adeno-Carcinoma of Prostate with Metastasis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>3/10/55</u> , to <u>March 24, 1955</u> , that I last saw the deceased alive on <u>March 24 1955</u> and that death occurred at <u>10:05 pm.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Name or title) <u>Charles James Moore</u>		<b>23b. ADDRESS</b> <u>1755 So. Grand.</u>	<b>23c. DATE SIGNED</b> <u>3/26/55</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State)
<u>REMOVAL</u>	<u>3/30/55</u>	<u>Washington Park</u>	<u>St. Louis Co. Mo.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>MAR 29 1955</u>		<b>REGISTRAR'S SIGNATURE</b> <u>J. Carl Smith</u>	<b>25 FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Cunningham &amp; Moore 2405 Marcus</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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No. 300  
10-48

**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 *John K. Cunningham*

Licensed Embalmer No. *447*

P. O. Address *2405 Ma*

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.