

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

23594

State File No.

No. 300
10.48

FILED AUG 4 - 1955

BIRTH NO. 52608-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5726

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ST. LOUIS</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>no</u>		OR TOWN			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Paul Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1265 Nectar Dr.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Thomas</u>		b. (Middle) <u>-</u>		c. (Last) <u>Cobb</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-55</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>			
8. DATE OF BIRTH <u>6-30-55</u>		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>James Francis Cobb</u>			13b. MOTHER'S MAIDEN NAME <u>Joann Patricia Haley</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joann P. Cobb</u> ADDRESS <u>12th Nectar Drive</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anoxia</u>				DUE TO (b) <u>Hypoxic disease of lung</u>				1 hr.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				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				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>P. Lucas Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5272</u>					
22. I hereby certify that I attended the deceased from <u>Park 6/30/55</u> , 19 <u>55</u> , to <u>6/30</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6/30</u> , 19 <u>55</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Carl Smith M.D.</u>				23b. ADDRESS <u>110 S. Central</u>		23c. DATE SIGNED <u>7/1/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-5-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>			
DATE REC'D BY LOCAL REG. <u>JUL 5 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edw. Korb & Son - 3516 E. 14th</u>					

msB (Licensed Embalmer's Statement on Reverse Side)

— 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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.