

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-019581
STATE FILE NUMBER

FILED JUN 13 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5995

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3019 MISSOURI</u>		Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>2241, 3019 MISSOURI</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>VERONICA B. COBB</u>			4. DATE OF DEATH Month Day Year <u>JUNE 8, 1958</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN 28, 1890</u>	9. AGE (In years last birthday) <u>68</u>	10. UNDER 1 YEAR Months Days <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES LADY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PETITE BABY SHOP</u>		11. BIRTHPLACE (City and state or country) <u>ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>DANIEL MOHL</u>		13b. MOTHER'S MAIDEN NAME <u>SUSAN SCHWARTZ</u>	
14. NAME OF HUSBAND OR WIFE <u>CHARLES COBB</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-18-9017</u>	
17. INFORMANT Address <u>CHARLES COBB 3019 MISSOURI</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Addison's Disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Insofficiency Adrenal Gland</u> DUE TO (c) <u>Cause Unknown</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>274x</u>			
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>March 3</u> to <u>June 1958</u> and last saw her alive on <u>May 26 1958</u> Death occurred <u>4:00 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Phil. Gardner MD</u> (Degree or title)		22b. ADDRESS <u>3903 Olive St St Louis Mo</u>		22c. DATE SIGNED <u>6-9-58</u>	
23a. BURIAL, CREMATION, REBURIAL (Specify) <u>BURIAL</u>		23b. DATE <u>JUNE 11, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>S.S. PETER & PAUL CEM</u>	
23d. LOCATION (City, town, or county) <u>ST. LOUIS, MO.</u>		24. FUNERAL DIRECTOR <u>Thomas Lutz 2906 Grand</u>		25. DATE RECD. BY LOCAL REG. <u>JUN 10 '58</u>	
26. REGISTRAR'S SIGNATURE <u>Carl Smith MO</u>		(Licensed Embalmer's Statement on Reverse Side)			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

3903 Olive
JE 1-6629
2-f P.M. Turner.

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 *Leo J. Budd*

Licensed Embalmer No. *3989*
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.