URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-037491

FILED VS NOV 12 1959

ENDED

Registration District Name _____ Primary Registration District No. _____ Registrar's No. 2 9803 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Regis Aptartments — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 4950 Lindell Blv'd. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: THOMAS — Middle: HARPER — Last: COBBS

4. DATE OF DEATH: Month: Oct. — Day: 26 — Year: 1959

5. SEX: male

6. COLOR OR RACE: white

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Aug. 26, 1868

9. AGE (last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Marshall, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Thomas T. Cobbs

13b. MOTHER'S MAIDEN NAME: Catherine Harper

14. NAME OF HUSBAND OR WIFE: Lucie Mae Cobbs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 487-20-5217

17. INFORMANT: Lucie Mae Cobbs, 4950 Lindell Blv'd. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Sclerosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Atherosclerosis General, Cerebral
DUE TO (c): 420.1
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 decessed from 1937, to Oct 26 1959 and last saw her/him alive on Oct 25 1959
Death occurred at 1230 am m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: W H Olmsted MD (Degree or title)

22b. ADDRESS: 3720 Washington

22c. DATE SIGNED: 10/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify): entombment

23b. DATE: 10-27-1959

23c. NAME OF CEMETERY OR CREMATORY: Oak Grove Mausoleum

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR: C. R. Lupton & Sons — ADDRESS: 7233 Delmar

25. DATE RECD. BY LOCAL REG.: OCT 26 1959

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D. L.P.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clarence H. Meur

Licensed Embalmer No. 4011

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.