

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318

Primary Registration District No.

1003

Registrar's No.

7427

-81-030629

STATE FILE NUMBER

AMENDED

Registered District No. **18** 1967

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Length of stay in 1b		c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>FIRMIN DES LOGE HOSP.</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>410 NORTH NEWSTEAD</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>MORTIMER</i> Middle Last <i>Cobb</i>				4. DATE OF DEATH Month <i>August</i> Day <i>8</i> Year <i>1961</i>				
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>Nov. 21-1894</i>	9. AGE (last birthday) <i>66</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>VICE PRESIDENT - AIRTRON MFG CO.</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>DENVER COLORADO</i>		11. BIRTHPLACE (City and state or country) <i>U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <i>JOHN P. COBB</i>			13b. MOTHER'S MAIDEN NAME <i>MINNIE BELL THOMASON</i>		14. NAME OF HUSBAND OR WIFE <i>ELLEN D. COBB</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES W.W.I.</i>				17. INFORMANT Address <i>ST. LOUIS Mo.</i> <i>MRS ELLEN COBB - 410 N-NEWSTEAD</i>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a)			<i>Coronary occlusion</i>				<i>10 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <i>Generalized arteriosclerosis</i>				<i>6 years</i>	
			DUE TO (c) <i>420.1</i>					
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)				
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <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 <i>1952</i> to <i>Aug. 8, 1961</i> and last saw him alive on <i>Aug. 8, 1961</i> Death occurred at <i>6 P.</i> m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Augustine Jones, M.D.</i>				22b. ADDRESS <i>634 NORTH GRAND AVE. ST. LOUIS Mo.</i>		22c. DATE SIGNED <i>Aug. 9-1961</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>8-10-1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>FAIRMONT CEMETERY</i>		23d. LOCATION (City, town, or county) <i>DENVER COLORADO</i>		(State)	
24. FUNERAL DIRECTOR ADDRESS <i>C.R. LUPTON &amp; SONS 7233 DELMAR</i>				25. DATE RECD. BY LOCAL REG. <i>AUG 10 1961</i>		26. REGISTRAR'S SIGNATURE <i>Roald Smith, M.D.</i>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTAED OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

AUG 25 1961

*Doctor would call up  
to see what time  
Mrs. Matrices call  
only time  
Mr Jones coming to our office  
to-day - 12:30 P.M.*

**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 Arnold W. Schoen

Licensed Embalmer No. 3864  
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.