

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

23175

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis, Mo. (No. 3230, Pennsylvania St. Ward)

File No.....

Registered No.....

6637

2. FULL NAME

Glenn Cobb

(a) Residence. No. 3230 Pennsylvania 24 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 17 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Sept. 29 - 1930

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

8

15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Gilbert Cobb

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Putnamville

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Mabel Frederick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

14. INFORMANT

Gilbert Cobb

(Address)

3230 Pennsylvania

15. FILED

W. I. 17. 1931
Map C. Stabler
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

June 15 1931

17.

I HEREBY CERTIFY, That I attended deceased from May 28, 1931, to June 15, 1931.

that I last saw him alive on June 14, 1931, and that death occurred, on the date stated above, at 2:13 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis

125B

11 PC

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY)

Gasteritis

(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF X

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

Clinical

(Signed)

W. J. Reeves M. D.

646-1931 (Address)

3756 Lindell Bl

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

New St. Marcus

June 17 1931

20. UNDERTAKER

ADDRESS

W. M. Loughlin

1631 Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

