

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

Do not use this space.

27651

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. 3525 McKean Ave) St. Ward.....

File No.....
Registered No. 7469
St. Ward.....

2. FULL NAME

Theresa Cobden (Cobden)
(a) Residence, No. 3525 McKean St. 16 Ward.....
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Wm. H. Cobden</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 17, 1860</u>		
7. AGE YEARS <u>71</u>	MONTHS <u>8</u>	DAYS <u>28</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u>
	13. NAME <u>Max Gass</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	15. MAIDEN NAME <u>Unknown Vogel</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>
	17. INFORMANT <u>Mary Gass</u> (ADDRESS) <u>3525 McKean Ave</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter & Paul</u> DATE <u>8-16</u> <u>32</u> 19 <u>32</u>	
19. UNDERTAKER <u>Wiegand's Mortuaries</u> (ADDRESS) <u>228 N. Kings Hwy. E. St. Louis</u>	
20. FILED <u>AUG 15 1932</u> <u>W. Standif</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 14, 1932
22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1932 to Aug 14, 1932
I last saw h. pr alive on Aug 14, 1932 Death is said to have occurred on the date stated above, at 5 A. M.

The principal cause of death and related causes of importance were as follows:
Arteriosclerotic kidney Date of onset Several yrs.
13 yrs ago
Myocarditis chr several yrs.
Cerebral & genit arteriosclerosis
Other contributory causes of importance none

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify H. N. Lyon
(Signed) H. N. Lyon
(Address) 937-939 Missouri Bldg.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

