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

FEB 8 1937 791

Do not use this space.

File No. 3219

Registered No. 245

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital No. 2 St. Ward)

Registration District No. 1003

Primary Registration District No.

2. FULL NAME Frank Cobb

(a) Residence, No. 3314 Bell Ave. St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Negro

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1 - 4 - 1890

7. AGE: Years 46 | Months 11 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Common

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

FATHER

13. NAME: James Cobb

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

MOTHER

15. MAIDEN NAME: Lucy Ann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Miss.

17. INFORMANT (ADDRESS): Ruby Perdeau, 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Jan 7th, 1937

19. UNDERTAKER (ADDRESS) Jas. H. Randle & Son, 920 No. Leonard Ave

20. FILED JAN 6 1937 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-2-, 19 37

22. I HEREBY CERTIFY, That I attended deceased from 12 - 27 -, 19 36 to 1 - 2 -, 19 37

I last saw him alive on 1 - 2 -, 19 37. Death is said to have occurred on the date stated above, at 12:45 m. P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	12-27-36

Other contributory causes of importance: 82

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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?

If so, specify

(Signed) A. L. Lewis, M. D.

(Address) 2945 Lawton

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.