

DEC 13 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 701 /

39479
Do not use this space.

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1. PLACE OF DEATH

(a) County _____ Registration District No. _____
(b) Township _____ Primary Registration District No. _____
(c) City St. Louis (d) Street No. City Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Josephine Cobler

(a) Residence, No. 2425a Lemp Ave. St. 23 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12th, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Helper
9. Industry or business in which work was done, as saw mill, bank, etc. Confectionary
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) Minnesota

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Charles F. Cobler
(ADDRESS) 2425a Lemp Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 12 - 1937

19. FUNERAL DIRECTOR Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED St. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November, 10 - 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:05 A.M.

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

Chronic Myocarditis (Chronic Nephritis) Dehydration Ulcers and Fractures of Femur neck, suffered when deceased fell in

Other contributory causes of importance:

Some unknown manner at Lambert Confectionary 117 W. 8th St. about 11:00 A.M. July 10 - 1937

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Accidental Date of injury 7/10, 1937

Where did injury occur? St. Louis
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury See above
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
(Signed) Joseph M. Dillner, M.D.

(Address) Deputy Coroner

NOV 11 1937

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.

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STATEMENT BY LICENSED EMBALMER

I, Frank J. Phylaud, Licensed Embalmer No. 2645

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. me 2645 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Frank J. Phylaud
Licensed Embalmer No. 2645

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.)