

No. 2
-1-4-41
5-17-39
PI X26990

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33037

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7989

1. PLACE OF DEATH:

(a) County _____
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Infirmary 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town. Jefferson City N.R. 5
(If outside city or town limits, write "RURAL")
(d) Street No. 902 E. Miller St. 4
(If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John M. Cobb

3. (b) If veteran, name war. No. 3. (c) Social Security No. 495-12-3377

4. Sex Male 2 5. Color or race COLORED 6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife. Single 6. (c) Age of husband or wife if alive. _____ years

7. Birth date of deceased. May 19 1915
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
26 4 16 hr. min.

9. Birthplace. Ste. Genevieve Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Teacher

11. Industry or business _____

12. Name Robert M. Cobb

13. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Bessie Meyer

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Meyer

(b) Address Jefferson City, Mo.

17. (a) Removal (b) Date thereof 10/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Jefferson City, Mo.

18. (a) Signature of funeral director. Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. OCT 6 1941 (Date received by Registrar) (b) J. J. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 5 day 5th
year 1941 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from Sept 16 1941 to Oct 5 1941
that I last saw him alive on Oct 5 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Intestinal Obstruction
No. Cancer

Due to multiple postoperative adhesions

Due to _____
Other conditions. 1226
(Include pregnancy within 3 months of death)

Major findings: Of operations Fecal fistulae, obstruction, adhesions
Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Chas. J. Vaughn (M. D. or other)

Address 117 1/2 Jefferson Ave. Date signed 10/6

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

AD

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.....

..... Registered Apprentice No.

working under my personal supervision.

Signed.....

J. Wm Dinkley

Licensed Embalmer No. 3657

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 this body is not embalmed, fact should be so stated above.