

S. No. 2  
M-5-42  
v. 5-17-39  
P-1 X32673

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31825  
State File No. \_\_\_\_\_  
Registrator's No. 8485

FILED OCT 21 1942  
318  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
1509 A South 11th Street  
(d) Length of stay: In hospital or institution. None  
In this community 32 Years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 1509 A South 11th Street  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Matilda Emma Cobb  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

20. DATE OF DEATH: Month October day 10  
year 1942 hour 2 minute 20 A.M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Theodore  
6. (c) Age of husband or wife if alive 31 years  
7. Birth date of deceased July 31, 1867

21. I hereby certify that I attended the deceased from on Aug. 8th 1942  
that I last saw him alive on Aug 18  
and that death occurred on the date and hour stated above  
Immediate cause of death Coronary Artery Sclerosis Duration \_\_\_\_\_

8. AGE: Years 75 Months 2 Days 9  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to Cardio Vascular Renal Disease  
Due to \_\_\_\_\_

9. Birthplace McClain Co. Kentucky

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of autopsies \_\_\_\_\_

10. Usual occupation Housewife  
11. Industry or business At Home

MOTHER FATHER {  
12. Name Colgate Scott  
13. Birthplace Scotland  
14. Maiden name Unknown  
15. Birthplace Unknown

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Charles Key  
(b) Address 5717 Highland  
17. (a) Burial (b) Date thereof Oct. 14, 1942  
(c) Place: burial or cremation New St. Marcus Cemetery

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

18. (a) Signature of funeral director D. St. M. Laughlin  
(b) Address 2301 Lafayette Ave.  
19. (a) OCT 13 1942 (b) F. Bredeck

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
23. Signature F. Bredeck (M. D. or other) \_\_\_\_\_  
Address 7202 S. Beary Date issued 10/14/42

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**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 Paul A. Keith

Licensed Embalmer No. 3613

P. O. Address 2317 Lafayette

**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.**