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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 195722

Registration District No. FILED JUN 30 1944 318 Primary Registration District No. 1003 Registrar's No. 5694

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: 2644 CHOUTEAU AV.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 1
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 22

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2644 CHOUTEAU AV. 17
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 9

If yes, name country U

3. (a) PRINT FULL NAME ELLEN COBY

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, ~~widowed~~, ~~married~~, ~~divorced~~ SINGLE 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased JANUARY (Month) 12 (Day) 1866 (Year)

8. AGE: Years 78 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation LAUNDRY

11. Industry or business EXCELSIOR

FATHER
12. Name PATRICK COBY
13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARY ANN McALMAN
15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Wm Graff
(b) Address St. Louis Mo

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof JUNE 23/44 (Month) (Day) (Year)
(c) Place: burial or cremation MT. CARMEL EAST ST. ILL.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 LAFAYETTE AV.

19. (a) JUN 24 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23 year 1944 hour 12 minute P M.

21. I hereby certify that I attended the deceased from 1 , 1938 to 6-23 , 1944 that I last saw her alive on 6-18 , 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hemiplegia
Chr Myocarditis
Chr Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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 0

23. Signature L. K. Garvin (M. D. or other)

Address 2767 Park Ave Date signed 6-23-44

(Licensed Embalmer's Statement on Reverse Side)

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: Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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