

FILED NOV 10 1944

1003

9292

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 31 years years, months or days)

3. (a) PRINT FULL NAME Edward Cobbs

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Colored 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 15, 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 5 13 _____ hr. _____ min.

9. Birthplace Westpoint, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Esters Cobbs
13. Birthplace Starksville, Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Joella Drakes
15. Birthplace Osborn, Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Joella Harris
(b) Address 3407a Clark Ave

17. (a) Esters Cobbs (b) Date thereof 11-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation East St Louis

18. (a) Signature of funeral director [Signature]
(b) Address 3517 Sackels Ave

19. (a) NOV 1 1944 (b) J. F. Bredish
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 1819
(d) Street No. 3407a Clark Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28,
year 1944 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from October 26, 1944, to October 28, 1944
that I last saw him alive on October 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 weeks

Due to _____

Due to _____ 107

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature [Signature] (M. D. or other) _____
Address 260 W. 11th St Date signed 10/13/44

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

MOTHER FATHER

44c

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. M. Green*
Licensed Embalmer No. 1173
P. O. Address 3517 Soledad Ave

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.