U.S. No. 300
Rev. 10-48

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3

State File No. 9974

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2349

329

1

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

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo. c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2259
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 10 No. 10	d. STREET ADDRESS (If rural, give location) 10 No. 10

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) c. (Last) Cort

4. DATE OF DEATH (Month) (Day) (Year) 2 17 51

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wk 8. DATE OF BIRTH Apr. 1896 Oct. 25 1896 9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wk 10b. KIND OF BUSINESS OR INDUSTRY Wk 11. BIRTHPLACE (State or foreign country) Kansas City Missouri 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Wk 13b. MOTHER'S MAIDEN NAME HENRIETTA 14. NAME OF HUSBAND OR WIFE LIVIAN COBB

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO. Wk 16. SOCIAL SECURITY NO. Wk 17. INFORMANT'S SIGNATURE AND ADDRESS Taylor 1300 York

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

1. This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

May 16, 1951

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic adhesive

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pericarditis

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21f. HOW DID INJURY OCCUR? 416X

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 2:00 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 3 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 2/23/51

24a. BURIAL, CREMATION, REMOVAL (Specify) 5 24b. DATE MAR 13 1951 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. MAR 13 1951 REGISTRAR'S SIGNATURE J B Forster 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 1951

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 Students of Mortuary College, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed James H. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 9974
Local Registrar's No. 2349.

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for Albert Lawrence Cobb, died/~~born~~ 2-17-51, 19...., in the State of Missouri, and which was filed at ..... on ....., 19...., should be corrected as follows:

Item No. 13b should read Henrietta ------
Instead of Unknown
Item No. ~~xxxxxx~~ 14 should read Vivian Cobb (Divorced.)
Instead of
Item No. 15 should read No
Instead of Unknown
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Patsy. X Affiant Patsy E Taylor ~~Relationship.~~

1300 Clark
Present Address.

Subscribed and sworn to before me this 2 day of April, 1951

My Commission expires 3-4-53 Ella C Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M—8-43
I X37817

State of Missouri
City ~~County~~ of St. Louis } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 9974

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 2349

On this 9 day of June, 1951, before me appears P.E.Taylor, who, upon his oath, states that the original record of ~~birth~~ death for Albert Lawrence Cobb died Feb.17, 1951, in the State of Missouri, and which was filed at St.Louis,Mo. on 3-13-51, 19..., should be corrected as follows:

Item No. 8 should read Oct.25,1896

Instead of Oct.25,1895

Item No. 11 should read Kansas City,Mo.

Instead of Kansas City,Kansas

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

Item No. ... should read ...

Instead of ...

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Thos. E. Taylor
Relationship.

1300 Clark
Present Address.

Subscribed and sworn to before me this 8th day of June, 1951

My Commission expires My Commission Expires Sept. 23, 1951 Edna C. Baxter Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—8-43
I X37817