

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10971**
Registrar's No. **363**

FILED MAR 19 1951

BIRTH NO. **11700-51** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069**

1. PLACE OF DEATH
a. COUNTY **ST. LOUIS MO.**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **REMYOND HEIGHTS ST. LOUIS MO.**
c. LENGTH OF STAY (in this place) **3 1/2 HRS.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **ST. LOUIS MO.**
b. COUNTY **MO.**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS MO. 2059**
d. STREET ADDRESS (If rural, give location) **5853 JULIAN.**

3. NAME OF DECEASED
a. (First) **BABY** b. (Middle) **COBB** c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) **Feb. 6 - 1951**

5. SEX **Male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **unmarried** 8. DATE OF BIRTH **6 Feb. 1951** 9. AGE (In years last birthday) **3 1/2 HRS.** 10. Hours **3** 11. Min. **30**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **none** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (State or foreign country) **ST. LOUIS MO.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **HARLEY COBB** 13b. MOTHER'S MAIDEN NAME **ROSEMARY** 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME **Harley Cobb** ADDRESS **5853 Julian**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Prematurity** MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH **3 1/2 HRS.**
ANTECEDENT CAUSES
DUE TO (b) **maternal placenta previa** **3 days**
DUE TO (c) **UNKNOWN** **7615**
11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Mother had 2 previous placental separations before term.**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **placental separations before term.** 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) **ST. LOUIS, MO.**

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

22. I hereby certify that I attended the deceased from **6 Feb 1951**, to **6 Feb 1951**, that I last saw the deceased alive on **Feb 6, 1951**, and that death occurred at **9:00** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Nancy E Rosenberg MD.** 23b. ADDRESS **1467 UNION BL.** 23c. DATE SIGNED **Feb. 8 - 1951**

24a. BURIAL, CREMATION, REMOVAL (Specify) **buried** 24b. DATE **2/8/51** 24c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis**

DATE REC'D BY LOCAL REG. **2/8/51** REGISTRAR'S SIGNATURE **Robert R. Tombe MD.** FUNERAL DIRECTOR'S SIGNATURE **P. Micelle & Sons** ADDRESS **1150 N. Kingshighway**

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.