

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24421  
6673  
Registrar's No. 1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1003	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) 12 <sup>OP</sup> DOWN St. Louis 2129			
d. FULL NAME OF HOSPITAL OR INSTITUTION 339 No. Taylor Ave.				d. STREET ADDRESS (If rural, give location) 339 No. Taylor Ave. 0			
3. NAME OF DECEASED (Type or Print) a. (First) Charles		b. (Middle) G.		c. (Last) Cobb		4. DATE OF DEATH (Month) (Day) (Year) July 25, 1951	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 2, 1885		9. AGE (In years last birthday) 66 IF UNDER 1 YEAR: Months Days IF UNDER 4 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Treasury		10b. KIND OF BUSINESS OR INDUSTRY Shoe, Co. Rice, O'Neill		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Frank Cobb		13b. MOTHER'S MAIDEN NAME Emma Chapman		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Marjorie Cornet 4550 Pershing			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Thrombosis</i> ANTECEDENT CAUSES DUE TO (b) <i>Chronic Interstitial Myocarditis</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <i>Arteriosclerosis, general</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Vasomotor instability</i>				INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i> <i>3-4 yrs.</i> <i>2 yrs.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>H2O, 1</i>			
22. I hereby certify that I attended the deceased from <i>1940</i> , 19__ to <i>July 25, 1951</i> , that I last saw the deceased alive on <i>July 25, 1951</i> , and that death occurred at <i>40A.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Francis J. Canessa</i>		23b. ADDRESS <i>M.O. 462 N. Taylor Ave</i>		23c. DATE SIGNED <i>July 26, 51</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7-27-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>JUL 26 1951</i>		REGISTRAR'S SIGNATURE <i>L. B. Laster</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Donnelly 3840 Luddell St</i>			

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer \_\_\_\_\_

Signed \_\_\_\_\_

*William Matre*

Licensed Embalmer No. 2825

P. O. Address 4340 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.