

FILED SEP 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 28133  
7666

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis</b>  c. LENGTH OF STAY (If this place) <b>14 days</b>  d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>  c. CITY (If outside corporate limits, write RURAL and give township) <b>E. St. Louis</b>  d. STREET ADDRESS (If rural, give location) <b>1614 Converse</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>E.</b> c. (Last) <b>Cobb</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 26, 1951</b>		5. SEX <b>Female</b> 3 6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>May 1, 1904</b>		9. AGE (In years last birthday) <b>47</b>		IF UNDER 1 YEAR Months <b>3</b>		IF UNDER 2 WKS. Hours <b>8</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maid</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Portnoy Garment Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Huntsville, Alabama</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William Gaston</b>		13b. MOTHER'S MAIDEN NAME <b>Lena Jefferson</b>		14. NAME OF HUSBAND OR WIFE <b>UNKNOWN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>327-225620</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Clara Coleman</b> ADDRESS <b>1614 Converse</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bladder Neck Obstruction w/ Acute Retention of Urine</b> ANTECEDENT CAUSES <b>Cause undetermined.</b> DUE TO (b) <b>chronic pyelonephritis</b> DUE TO (c) <b>Uremia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b> <b>14 days</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cancer of Bladder</b> Clinical diagnosis		19a. DATE OF OPERATION <b>8-13-51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Emergency Ureters - Cutaneous Transplantation</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>181X</b>		22. I hereby certify that I attended the deceased from <b>8/9</b> , 19 <b>51</b> to <b>8/26</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>8/26</b> , 19 <b>51</b> , and that death occurred at <b>7:25 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Samuel W. Brown</b> (Degree or title)		23b. ADDRESS <b>1170 Jefferson Ave</b>		23c. DATE SIGNED <b>8/28/51</b>			
24a. BURIAL, CREMATION, REMOVAL <b>3</b>		24b. DATE <b>8-28-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>E. St. Louis</b>		24d. LOCATION (City, town, or county) (State) <b>E. St. Louis Ill.</b>	
DATE REC'D BY LOCAL REG. <b>Aug 29 1951</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. J. Nash</b>		ADDRESS <b>3847 Page</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Student Embalmer

Signed

*C. J. Nash*

Licensed Embalmer No. *2432*

P. O. Address *3847 Page Blvs.*

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.