

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7283**

BIRTH NO. **FILED MAR 5 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **521**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY OR TOWN Sappington	c. LENGTH OF STAY (in this place) 15 Yrs	c. CITY OR TOWN Sappington	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 6 Robyn Rd.		e. STREET ADDRESS (If rural, give location) Route 6 Robyn Rd.	

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) GAYLORD c. (Last) COBB			4. DATE OF DEATH (Month) (Day) (Year) 2-28-1954		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8-16-1881	9. AGE (in years last birthday) 72	10. MONTHS 1	11. DAYS 28	12. HOURS 11	13. MIN. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Chicago Ill		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Charles D Gaylord		13b. MOTHER'S MAIDEN NAME Josephine Scowden		14. NAME OF HUSBAND OR WIFE Percy Wells Cobb	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edward Cobb, 1342 McCutcheon			
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18. CAUSE OF DEATH Enter only 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) From self-ingested barbiturates or cyanide, causing asphyxia. Her body was found in bed in her home by her son EDWARD COBB of 1342 McCutcheon, Richmond Heights, and was removed by MEYER-PFITZINGER AMBULANCE to the St. Louis County Hospital for examination				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) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 9702		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, bar, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Sappington St. Louis Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Feb. 28, 1954 5:45 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self-ingested poisoning
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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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE Emald J. Willmann, 3rd (Degree or title) Cramer		23b. ADDRESS Clayton, Missouri	23c. DATE SIGNED 3-2-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 3-3-1954	24c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL REG. 2-1-54	REGISTRAR'S SIGNATURE Herbert R. Danks	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter F. Home Webster Groves Mo.
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SW (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.....
Signature of Student Embalmer

Signed..... *Leslie Welch*

Licensed Embalmer No... *439*

P. O. Address *Wabster Em*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.