

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35896

State File No. \_\_\_\_\_

FILED OCT 26 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8920

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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 <i>Missouri</i> b. COUNTY	
b. CITY OR TOWN <i>St Louis</i>		c. CITY OR TOWN <i>St Louis</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>D.O.A. Homer S. Phillips</i>		e. STREET ADDRESS (If rural, give location) <i>21 1448 N. 20<sup>th</sup></i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>John</i> b. (Middle) <i>Henry</i> c. (Last) <i>Kobson</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>9-30-54</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>2 Negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>married</i>	8. DATE OF BIRTH <i>Dec 4, 1892</i>
9. AGE (In years last birthday) <i>57</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>	11. BIRTHPLACE (City and State or foreign Country) <i>New Orleans, Louisiana</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Unknown</i>	
14. MOTHER'S MAIDEN NAME <i>Unknown</i>		15. NAME OF HUSBAND OR WIFE <i>Loretta Kobson</i>	
16. SOCIAL SECURITY NO. <i>491-14-6137</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Loretta Kobson-1418 N. 20<sup>th</sup></i>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES DUE TO (b) <i>Coronary Sclerosis</i> DUE TO (c) <i>Generalized Arteriosclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Sclerosis</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>4201</i>		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 <i>7:20 A.M.</i> , from the causes and on the date stated above.	
23. SIGNATURE <i>Patricia C. Taylor</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>10.1.54</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	
24b. DATE <i>10/2/54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oakdale</i>	
24d. LOCATION (City, town, or county) (State) <i>Lemay, Missouri</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. B. Roove</i>	
DATE REC'D BY LOCAL REG. <i>OCT 1 1954</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

**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.....  
*Gustav Swan*

Licensed Embalmer No. 458

P. O. Address 1221 1/2 St

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.