

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42271
11175

State File No.

Registrar's No.

FILED DEC 17 1954

90836-54

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) 10 days
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips
d. STREET ADDRESS (If rural, give location) 21 3406 Franklin

3. NAME OF DECEASED (Type or Print)
a. (First) Cobbs b. (Middle) c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) 11 30 54

5. SEX Fem. 3 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0
8. DATE OF BIRTH 11-20-54 9. AGE (In years last birthday) IF UNDER 1 YEAR Days 10 IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri 0 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME Nola Piercefield 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Ester M. Sherard 2601 N. Whittier

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia
INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Etiology Undetermined
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS -
Conditions contributing to the death but not related to the disease or condition causing death. Premature birth, neonatal death

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 76:8:0

22. I hereby certify that I attended the deceased from 11-20-1954, to 11-30-1954, that I last saw the deceased alive on 11-30-1954, and that death occurred at 10:20p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE SIGNED
William H. Sunkler M. D. 2601 N. Whittier 11-30-54

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)
12-31-54 Anatomical Board St. Louis, Mo.

DATE REC'D BY LOCAL REG. DEC 8 1954 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE Service Address
Rowland H. Hester 4104 Manchester Ave.

(Licensed Embalmer's Statement on Reverse Side) LOUIS 10, MO.

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.....

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.