

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17691**
Registrar's No. **5212**

| | | | | | | | | | |
|---|--|--|---|--|---|---|------------------------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 5212 | | | |
| 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) _____ | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer G. Phillips Hospital | | | | e. STREET ADDRESS (If rural, give location) 4296 Washington | | | | 21990 | |
| 3. NAME OF DECEASED (Type or Print) John | | | a. (First) | | b. (Middle) | | c. (Last) Cobbs | | |
| 4. DATE OF DEATH | | (Month) 5 | | (Day) 26 | | (Year) 56 | | | |
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced | | 8. DATE OF BIRTH 8/28/1915 | | | |
| 9. AGE (In years last birthday) 40 | | IF UNDER 1 YEAR Months _____ | | IF UNDER 1 YEAR Days _____ | | IF UNDER 24 HRS. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Presser | | | 10b. KIND OF BUSINESS OR INDUSTRY Cleaners | | | 11. BIRTHPLACE (City and State or Foreign Country) Johnson Grove, Tennessee | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Thomas Cobbs | | | 13b. MOTHER'S MAIDEN NAME Ophelia Connelly | | | 14. NAME OF HUSBAND OR WIFE - - | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes | | | 16. SOCIAL SECURITY NO. 500-30-1819 | | | 17. INFORMANT'S SIGNATURE OR NAME Benton Harbor, Mich Mrs. Ophelia Cobbs - 1780 Highland | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lower Nephron Nephrosis | | DUPLICATE OF (a) _____ | | | | | | Undetermined | |
| *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 | | | | | | | |
| | | DUPLICATE OF (b) Drug Intoxication | | | | | | | |
| | | DUPLICATE OF (c) Hypertension, Malignant | | | | | | | |
| | | 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 445x | | | | | | 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) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | | | | | |
| 22. I hereby certify that I attended the deceased from 5-22- , 19 56 , to 5-26- , 19 56 , that I last saw the deceased alive on 5-26- , 19 56 , and that death occurred at 1:20 a.m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) Edward B. Williams M.D. | | | | 23b. ADDRESS 2601 N. Whittier | | | | 23c. DATE SIGNED 5-26-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 31 May 56 | | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | | 24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo. | | | |
| DATE REC'D BY LOCAL REG. MAY 31 1956 | | REGISTRAR'S SIGNATURE L. Carl Smith M.D. | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Atkins Bros. 3644 Finney Ave. | | | | |

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

(Licensed Embalmer's Statement on Reverse Side)

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.....



Licensed Embalmer No. 269

P. O. Address 2769

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.