

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022772

STATE FILE NUMBER

2-5503

FILED JUN 24 1959 Registration District No. Primary Registration District No. Registrar's No.

300
1-57
38
7/1
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| 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, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Homer Phillips | | d. STREET ADDRESS (If outside, give location) 3815 Windsor Place | |

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| 3. NAME OF DECEASED (Type or print) First Arthur Middle Jacob Last Cobb | | | 4. DATE OF DEATH Month 6 Day 7 Year 59 | | |
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| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Dec. 30, 1884 | 9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HRS. Hours Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance worker | 10b. KIND OF BUSINESS OR INDUSTRY SW Bell Telephone | 11. BIRTHPLACE (City and state or country) Obiob County, Tenn. | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME James Cobb | 13b. MOTHER'S MAIDEN NAME Minta Johnson | 14. NAME OF HUSBAND OR WIFE Mabelle Cobb |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. 488-10-3995 | 17. INFORMANT Mabelle Cobb | Address 3815 Windsor Pl. |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion | | INTERVAL BETWEEN ONSET AND DEATH Immediate |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Coronary Ht. Dis | | 2 yrs. |
| DUE TO (c) | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 420.1 | | |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. |
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| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
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| 21. I attended the deceased from Oct. 1958 to June 7, 1959 and last saw her ^{her} _{him} alive on June 4, 1959 Death occurred at 6-7-59 6:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE Francis M. Whitteco M.D. (Degree or title) | 22b. ADDRESS 916 N. W. Taylor | 22c. DATE SIGNED 6-8-59 |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 6-11-59 | 23c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery | 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri |
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| 24. FUNERAL DIRECTOR Russell Und., Co. | ADDRESS 2732 Pine Street | 25. DATE RECD. BY LOCAL REG. JUN 9 59 | 26. REGISTRAR'S SIGNATURE Roal Smith, M.D. |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. All diseases in Part I must be causally related.

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 *James G Carter*

Licensed Embalmer No. *468*

P. O. Address *St. Louis, Mo*

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.