

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-034157

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8332

FILED SEP 18 1961

DATE AMENDED

1. PLACE OF DEATH  
 a. COUNTY Missouri  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri Length of stay in lb 7 days  
 c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Childrens Hospital Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri b. COUNTY St Louis  
 c. CITY OR TOWN Olivette, Missouri Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 1432 Elmwood Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Camille Middle NMN Last Cobb  
 4. DATE OF DEATH Month 9 Day 4 Year 1961  
 5. SEX Female 6. COLOR OR RACE Color 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 9-18-60 9. AGE (last birthday) 11 mo  
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.  
 13a. FATHER'S NAME Unkown 13b. MOTHER'S MAIDEN NAME Dorothy Cobb 14. NAME OF HUSBAND OR WIFE None  
 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. None 17. INFORMANT Doris Mason Address 500 S. Kingshighway

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Cardiac arrest  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Chronic constrictive pericarditis  
 DUE TO (c) Chronic pneumonitis.  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 525x  
 PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
 20a. ACCIDENT  SUICIDE  HOMICIDE   
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
 20c. TIME OF INJURY Hour 9:15 a.m. pm Month, Day, Year 8-28-61 to 9-4-61 and last saw her/him alive on 9-4-61

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
 20f. CITY, TOWN, OR LOCATION St Louis COUNTY St Louis STATE Missouri  
 21. I attended the deceased from 8-28-61 to 9-4-61 and last saw her/him alive on 9-4-61  
 Death occurred at 9:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert H. Charvonne, MD (Degree or title) 22b. ADDRESS St Louis 22c. DATE SIGNED SEP 7 1961

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 9-7-61 23c. NAME OF CEMETERY OR CREMATORY Oak Dale 23d. LOCATION (City, town, or county) (State) St Louis County Missouri

24. FUNERAL DIRECTOR GP Richardson ADDRESS 2625 Glasgow 25. DATE RECD. BY LOCAL REG. SEP 7 1961 26. REGISTRAR'S SIGNATURE Robert Smith, M.D.

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

**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

*AP Richardson*

Licensed Embalmer No.

*2928*

P. O. Address

*City*

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.