

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008462

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2355

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 8 1963

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

CORRE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4613 Kossuth Ave.		d. STREET ADDRESS (If outside, give location) 4613 Kossuth Ave.	
3. NAME OF DECEASED (Type or print) First Middle Last Hulda Cobb			4. DATE OF DEATH Month Day Year February 27, 1963
5. SEX Female	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 6/7/1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) St. Louis, Missouri
13a. FATHER'S NAME Anthony Johnson		13b. MOTHER'S MAIDEN NAME Ida Mae	12. CITIZEN OF WHAT COUNTRY U. S. A
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No		16. SOCIAL SECURITY NO.	17. INFORMANT Abraham Cobb 4613 Kossuth Ave.
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage DUE TO (b) Hypertension DUE TO (c) 331X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from 2-19-63 to 2-27-63 and last saw her/him alive on 2-26-63 Death occurred at 1 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Henry E. Stamps		22b. ADDRESS 2345 Pine Street	22c. DATE SIGNED 2-28-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/5/63	23c. NAME OF CEMETERY OR CREMATORY Calvary
23d. LOCATION (City, town, or county) St. Louis County, Missouri		23e. DATE RECD. BY LOCAL REG. MAR 1 1963	
24. FUNERAL DIRECTOR L. B. Lance 1221 North Grand		24. REGISTRAR'S SIGNATURE Road Smith, M.D.	

USE BLACK INK OR TYPEWRITER RIBBON

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331X

MAR 1 1963

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

Malvin Blackburn

Licensed Embalmer No. 3962

P. O. Address 1721 N. Grand Ave

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.