N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24880

File No.
Registered No. 7051

1. PLACE OF DEATH

County
Registration District No. 791 ~~1033~~
Township
Primary Registration District No.
City St. Louis (No. 5458 Vernon Av St. Ward)

2. FULL NAME George W Cooke

(a) Residence, No. 5458 Vernon av St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF Mary Cooke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	83	8	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner sawyer, bookkeeper, etc. Carriage Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut ?

FATHER

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England ?

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT George Cooke
(ADDRESS) 5458 Vernon av

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary cemetery DATE July 30 1932

19. UNDERTAKER Bullmaier Bros
(ADDRESS) 2706 Grand Blvd

20. FILED JUL 29 1932 19 Mary A Turner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 15 1932, to July 27, 1932
Last saw him alive on July 27, 1932. Death is said to have occurred on the date stated above, at 3:12 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
93C	
Chronic Myocarditis	2/32

Other contributory causes of importance: 93C

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Wm J Langan Jr, M. D.
(Address) 2806 North Grand av