

APR 11 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

9133

Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City ST. LOUIS (d) Street No. 4140 WALBRIDGE AVE. Registration District No. 791  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. Primary Registration District No. 1003 Registered No. 2722

2. PRINT FULL NAME FLOSSIE M. COOK 300

(a) Residence, No. 4140 WALBRIDGE AVE St. 7  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CLARENCE COOK.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 15 - 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
42 3 late

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWORK  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 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) BROADWAY - Mo.13. NAME JOHN SCOTT14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME MARTHA PARRISH16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rolla, Missouri17. INFORMANT (ADDRESS) Mr. Clarence Cook  
4140 Walbridge Ave18. BURIAL, CREMATION, OR REMOVAL PLACE Hiram Cemetery DATE March 23, 193819. FUNERAL DIRECTOR (ADDRESS) J. M. Schumacher  
4834 Natural Bridge20. FILED MAR 22 1938 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 21 1938

22. I HEREBY CERTIFY. That I attended deceased from JAN 1 1938 to March 21 1938  
 I last saw h. u. alive on March 21 1938. Death is said to have occurred on the date stated above, at 1:45 A. m.  
 The principal cause of death and related causes of importance were as follows:

CHRONIC PULMONARY TUBERCULOSIS

Date of onset

1932Other contributory causes of importance: JAName of operation Phy. Sy Date of 1938  
What test confirmed diagnosis? Phy. Sy Was there an autopsy? Yes

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 From medical condition  
 (Signed) J. M. Schumacher M. D.  
 (Address) 4114 W. Walbridge Ave.

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John Ketter  
Licensed Embalmer No. 3880

**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.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

9133  
Do not use this space.

1. PLACE OF DEATH *St Louis*  
 (a) County *St Louis* Registration District No. *791*  
 (b) Township *St Louis* Primary Registration District No. *1003* Registered No. *2722*  
 (c) City *St Louis* (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Floresia M Cook*  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *7* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *m*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<i>42</i>	<i>3</i>	<i>6</i>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 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) \_\_\_\_\_

FATHER 13. NAME \_\_\_\_\_

FATHER 14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME \_\_\_\_\_

MOTHER 16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. FUNERAL DIRECTOR (ADDRESS) \_\_\_\_\_

20. FILED *JUN 2 1935* *J. D. Bredtke* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 21* 19*35*

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_. I last saw h. \_\_\_\_\_ alive \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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) *Francis M. ...*, M. D.

(Address) *4114 W Florissant Ave*

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. STATE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

