

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

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

4629
Do not use this space.

DEC'D MAR 13 1939

791
1003

1. PLACE OF DEATH

(a) County Registration District No.

(b) Township Primary Registration District No.

(c) City St. Louis (d) Street No. St. Mary's Infirmary Registered No. 1322
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(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 Dorothy Cook

(a) Residence, No. 915 Rock Alton, Ill. NR (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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	11	3	-	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School - girl

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) Alton Illinois

FATHER 13. NAME Jerome Cook

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oxford Mississippi

MOTHER 15. MAIDEN NAME Gammis Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT Jerome Cook
(ADDRESS) 915 Rock Alton, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Alton, Ill DATE Feb. 11 1939

19. FUNERAL DIRECTOR (NAME) Russell Undt. Co.
(ADDRESS) 2732 Pine Street

20. FILED FEB 10 1939 J. D. Budeck
Local Registrdr.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 7 1939

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1939 to February 7, 1939
 I last saw her alive on February 7, 1939 Death is said to have occurred on the date stated above, at 8:05 P. M.
 The principal cause of death and related causes of importance were as follows:

Date of onset

Rheumatic Heart Disease

9 5 1/2

Other contributory causes of importance:
Rheumatic arthritis

Name of operation none 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) J. W. Hall M. D.
 (Address) 1536 Patten St.

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,

Joel Russell, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No. 2115

P. O. Address _____

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 this body is not embalmed, above space should be left blank.