WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D MAY 10 1939

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

791

12948
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 3290
(c) or City St. Louis (d) Street No. Homer G. Phillips Hospital 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 26 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 200 Daniel Cook
(a) Residence, No. 4490 Laclede Ave. St. 19
(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: M
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 16, 1879
7. AGE: YEARS 59 MONTHS 8 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.: Janitor
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): Ark.

FATHER
13. NAME: Daniel Cook
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark.

MOTHER
15. MAIDEN NAME: Harriett -- (Unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Esther May Sherard 2601 N. Whittier St.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Washington Park DATE: April 8, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): C. Young 4400 Kennerly Ave.
20. FILED: APR 8 1939 J. F. Biddick (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-4-, 1939
22. I HEREBY CERTIFY, That I attended deceased from March 3, 1939, to April 4, 1939
I last saw him alive on April 4, 1939. Death is said to have occurred on the date stated above, at 4:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Luetic Heart Disease	4-4-39

Other contributory causes of importance: Cardiac Hypertrophy

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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 .....
(Signed) S. J. Lyman, M. D.
(Address) 2601 N. Whittier St.

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Cloyd Young

Licensed Embalmer No. 337

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

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