

JAN 12 1939

Registration District No. **2011**

Primary Registration District No. _____

1. PLACE OF DEATH: **1073 JAN 12 1940**
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

8. (a) PRINT FULL NAME **Ulrick Cook**
8. (b) If veteran, name war **no**
8. (c) Social Security No. **none**

4. Sex **male**
5. Color or race **white**
6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Abt. 1872**
(Month) (Day) (Year)

8. AGE: Years **Abt. 67** Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer (retired)** **5**

11. Industry or business **7**
MOTHER FATHER
12. Name **Unknown** **7**
13. Birthplace **unknown** **9**
Undivided (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **E. H. Bowden**
(b) Address **1138 N. 12th St.**

17. (a) **Calvary burial** (b) Date thereof **Dec. 23, 1939**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Bessie Nichols**
(b) Address **1431 Union Blvd**

19. (a) **DEC 22 1939** (b) **J. B. ...**
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **1**
(c) City or town **St. Louis** **25**
(If outside city or town limits, write "RURAL")
(d) Street No. **1117 N. 7th Street.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. **Abt. 35** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **20**
year **1939** hour **8 AM** minute _____ M.
21. I hereby certify that I attended the deceased from **Oct 15**, 19**39**, to **Dec 20**, 19**39**.
that I last saw him alive on **12-20-39**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of stomach
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy **Carcinoma of stomach**

Duration _____
PHYSICIAN _____
Undefine the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
Means of injury **1**
28. Signature **E. H. Bowden** (M. D. or other) _____
Address **No. 7th St. Bldg** Date signed **12-21-39**

STATE OF MISSOURI - DEPARTMENT OF COMMERCE - BUREAU OF THE CENSUS - MISSOURI STATE BOARD OF HEALTH - STANDARD CERTIFICATE OF DEATH - 1939

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.

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..... *No Embalming*

Licensed Embalmer No.....

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.