

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8600**  
Registrar's No. **2083**

Registration District No. **7911**

Primary Registration District No. **1003**

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.

**1. PLACE OF DEATH:**  
 (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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 32 hours  
(Specify whether \_\_\_\_\_)  
 In this community Unknown  
years, months or days

**3. (a) PRINT FULL NAME** Nathaniel Cooksie  
**3. (b) If veteran,** name war ---  
**3. (c) Social Security** No. ---  
**4. Sex** Male  
**5. Color or race** Col.  
**6. (a) Single, widowed, married, divorced,** Infant  
**6. (b) Name of husband or wife** \*\*  
**6. (c) Age of husband or wife if** --- years  
alive \_\_\_\_\_ years  
**7. Birth date of deceased** December 22, 1939  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
	<u>2</u>	<u>6</u>	hr. _____ min.

**9. Birthplace** St. Louis Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** \_\_\_\_\_

**11. Industry or business** \_\_\_\_\_

**12. Name** Nathaniel Cooksie  
**13. Birthplace** Clandorn Arkansas  
(City, town, or county) (State or foreign country)  
**14. Maiden name** LOUISE DAVIS  
**15. Birthplace** Tiptonville Tennessee  
(City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** Nathaniel Cooksie

**(b) Address** 3438 Laclede Ave.

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** 3/1/40  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Father Dickson Cemetery

**18. (a) Signature of funeral director** G. M. C. Green  
**(b) Address** 3517 Laclede Ave.

**19. (a) MAR 1 1940** (Date received local registrar) **(b)** J. J. [Signature]

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
**(d) Street No.** 3438 Laclede  
(If rural, give location)  
**(e) If foreign born, how long in U. S. A.?** \_\_\_\_\_ years

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month February day 28  
 year 1940 hour 8:30 minute \_\_\_\_\_ P \_\_\_\_\_ M.

**21. I hereby certify that I attended the deceased from** February 27, 1940, to February 28, 1940;  
 that I last saw him alive on February 28, 1940;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Influenzal Pneumonia  
**Duration** 1 wk

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions ---  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
**Major findings:**  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline 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) **(e) Means of injury** \_\_\_\_\_

**23. Signature** G. E. Peace (M. D. or other) \_\_\_\_\_  
**Address** 2601 N Whittier **Date signed** \_\_\_\_\_

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

*AMR Green*

Licensed Embalmer No. *1173*

P. O. Address *3517 Soledad*

**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.**