

FILED MAY 15 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 min.
(Specify whether
In this community 10 mins.
years, months or days)

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. 4323 Washington Ave.,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28,
year 1940 hour 8:30 minute P. M.
21. I hereby certify that I attended the deceased from March
28, 1940 to March 28, 1940
that I last saw her alive on March 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death

Premature
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged stati-
stically.

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)
(c) Means of injury _____

23. Signature John F. Flannery (M. D. or other)
Address 1515 Lafayette, Date signed 3/29/40

8. (a) PRINT FULL NAME Baby Cook 200
3. (b) If veteran, name war. No. 3. (c) Social Security No. Unknown
4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years
7. Birth date of deceased March 28, 1940
(Month) (Day) (Year)
8. AGE: Years _____ Months _____ Days _____ If less than one day
hr. 10 min.
9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Nil.
11. Industry or business Nil.
MOTHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Grace Cook
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Ann Morrison
(b) Address City Hospital, #1
17. (a) Cremation (b) Date thereof 4 26 - 40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Crematory
18. (a) Signature of funeral director W.G. White
(b) Address City Hospital #1
19. (a) APR 24 1940 (b) _____
(Date received local registrar)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

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.