

No. 2
SEP 25 1940
X21402

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6503

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: 514 St. Anthony St. 2
(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 George Cooke 200
8. (b) If veteran, name war Spanish-American 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 Unknown 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 63 hr. min.

9. Birthplace Ills. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Type Setter (Retired)

11. Industry or business _____

12. Name Charles Cooke

18. Birthplace Va.
(City, town, or county) (State or foreign country)

14. Maiden name Harriet LeGrand
15. Birthplace Ills. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Matha Kuss
(b) Address 1411 Sullivan Ave.

17. (a) Burial (b) Date thereof 8-2-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Parrot Mcd Co.
(b) Address 3710 N. Grand Blvd.

19. (a) AUG 1 1940 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 27
(If outside city or town limits, write "RURAL")
(d) Street No. 514 St. Anthony St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31st.
year 1940 hour 11.30 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cardiac Hypertrophy
Atherosclerosis of Coronary Arteries
Chronic Nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

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) (b) Means of injury _____

23. Signature Alfred Mary (M. D. or other) 5
Address Republic Date signed 8/1/40

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

Signed

Robert L. Burkman

Licensed Embalmer No. 3553

P. O. Address 3710 N. Grand

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

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