

13-40
7-39
K23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39677**

Registration District No. **784**

Primary Registration District No. **100**

Registrar's No. **2217**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Brantwood**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2438 Anna Lee Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days) **2**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **Brentwood**
(If outside city or town limits, write "RURAL")
(d) Street No. **2438 Anne Lee Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Francis E. Cooksey**

3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

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

7. Birth date of deceased **Oct. 14 1861**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 1 10 hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **F. E. Walker**

13. Birthplace **Salem Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Rosanne Short**

15. Birthplace **Sligo Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Marshal Reade**

(b) Address **360 Hillside Pl.**

17. (a) **Burial** (b) Date thereof **11/26/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Salem, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. **NOV 25 1940** (b) **K. M. O'Connell**
(Date received local registrar's certificate) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **24th**
year **1940** hour **10:55 AM** minute _____ M.

21. I hereby certify that I attended the deceased from **Aug. 28, 1937**
_____, 19____, to **Nov. 24**, 19**40**

that I last saw her alive on **Nov. 23**, 19**40**,
and that death occurred on the date and hour stated above.

Immediate cause of death:
Myocarditis chr. with myocardial degeneration

Duration
2 yrs.

Due to **Hypertension primary**

Due to **Diabetes Mellitus**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none**

Of autopsy **none**

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)
(e) Means of injury _____

23. Signature **C. H. Bockelman** (M. D. or other) **M. D.**

Address **2615 Brentwood Blvd** Date signed **11/25/40**

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

MOTHER FATHER

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 Guy W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.