

No. 2
1-4-41
1-17-39
X 25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **23442**
5794

Registration District No. **791** Primary Registration District No. **1002** Registrar's No. _____

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:
1416a N. 16th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days) **1**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **259**
(d) Street No. **1416a N. 16th Street**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **John C. Cook Jr.**
3. (b) If veteran, name war **-----**
3. (c) Social Security No. **None**

4. Sex **Male** **5. Color or race** **Negro**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Sallie Cook**
6. (c) Age of husband or wife if alive **53** years
7. Birth date of deceased **Unavailable** **abt. 1884**
(Month) (Day) (Year)

8. AGE: Years **abt 57** Months **-** Days **-**
If less than one day hr. min.

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

10. Usual occupation **Grave Digger**

11. Industry or business **Washington Park Cemetery**

12. Name **John C. Cook**
13. Birthplace **Unavailable** **Mississippi**
(City, town, or county) (State or foreign country)
14. Maiden name **Christ Hill**
15. Birthplace **Unavailable** **So. Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Sallie Cook**
(b) Address **1416a N. 16th Street**

17. (a) Burial (Burial, cremation, or removal) **7-18-41**
(b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director **Chas. H. Hester**
(b) Address **4107 Finney Ave.**
JUL 14 1941

19. (a) (Date received local registrar) **J. H. Hester**
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12th**
year **1941** hour **2:07** minute **A.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 **Fracture of left leg** Duration
Broncho Pneumonia when they
jumped from a wagon when
Due to **the horses started**
running away at Washington
Due to **Park Cemetery** about
10:00 A.M. June 24th 1941

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **J. H. Hester**
Of autopsy

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) **Accident 096**
(b) Date of occurrence **June 24th 1941**
(c) Where did injury occur? **St. Louis County**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
(Specify type of place) (e) Means of injury

23. Signature **Walter Perry** (M. D. or other) **3**
Address **1500 Clark St.** **Date signed** **7/14/41**

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

93
919

STATEMENT BY LICENSED EMBALMER.

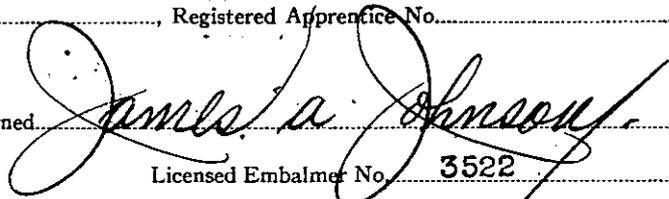
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson.....

Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. **3522**.....

P. O. Address. **4107 Finney Ave.**.....

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, fact should be so stated above.