No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36849

DEC 22 1941
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9079

1. PLACE OF DEATH:

(a) County: St. Louis, Mo
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4528 Flora Ave 1
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: COO
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 1117
(d) Street No. 4528 Flora Ave (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Hattie Cool

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: F 1

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widowed

6. (b) Name of husband or wife: Fred Cool

6. (c) Age of husband or wife if alive: DEAD years

7. Birth date of deceased: March (Month) 20 (Day) 1873 (Year)

8. AGE: Years 68 Months 7 Days 14 If less than one day hr. min.

9. Birthplace: St Louis (City, town or county) Mo (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

FATHER
12. Name: Theodore Wirtz
13. Birthplace: (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name: Wilhelmena
15. Birthplace: (City, town, or county) Germany (State or foreign country)

16. (a) Informant: Adele Cool
(b) Address: 4528 Flora Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park

18. (a) Signature of funeral director: Sullivan Bros
(b) Address: 2849 North Euclid Ave

19. (a) NOV 16 1941 (Date received local registrar) (b) J. F. Budrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November 14th day year 1941 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from February, 1941, to Nov 14 1941, that I last saw her alive on Nov. 14 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Organic Valvular Heart Lesion — Duration: 1 yr

Due to: Bronchitis — 1 mo

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
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):
(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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: J. M. Shaw M.D.
Address: 2330 Union Date signed 11/14/41

(Licensed Embalmer's Statement on Reverse Side)

Union Wabash Pa 0193

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis Mo

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

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