

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 6 1942

Registration District No. 184

Primary Registration District No. 189

Registrar's No. 1875

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Maplewood Nursing Home 4  
(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.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6106 Etzel Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

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3. (a) PRINT FULL NAME Mary L. Cook.

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 William Cook 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 19, 1866.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 5 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name ? Eckert  
13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't Know  
16. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ethel Miller  
(b) Address 6106 Etzel Ave.

17. (a) Burial (b) Date thereof Sept. 10/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) 125 Hodiamont Ave.

19. (a) SEP-8-1942 (b) L. S. McManis  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8  
year 1942 hour 1.45 minute A.M.

21. I hereby certify that I attended the deceased from July 25, 1942, to 9-8, 1942, that I last saw her alive on Sept. 6, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 5 yr.

Due to \_\_\_\_\_  
Due to 93d  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 Arthur Owen (M. D. or other) M.D.  
Address 1194 Hodiamont Ave. Date signed 9-8-42

Dr. O.O. White  
Hodiamont & Ellymynth

2-1-82

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**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.....

*Joe W. Alorh*  
.....  
Licensed Embalmer No..... 1661

P. O. Address..... 1125 Hodiamont 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, above space should be left blank.**