

FILED AUG 30 1943 318

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **304 N. Skinker Blvd.**
(d) Length of stay: **In hospital or institution**
In this community **_____** years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **000**
(c) City or town **St. Louis**
(d) Street No. **304 N. Skinker Blvd.**
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **Charles M. Cooke**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**
4. Sex **M.** 5. Color or Race **W.**
6. (a) Single, widowed, married, divorced **W.**
6. (b) Name of husband or wife **Lillian Cooke**
6. (c) Age of husband or wife if alive **_____** years
7. Birth date of deceased **Dec. 16th., 1884**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug.** day **16th.,**
year **1943** hour **11:10** 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.

8. AGE: Years **58** Months **8** Days **0**
If less than one day _____ hr. _____ min.

Immediate cause of death **Subarachnoid hemorrhage of brain when he fell down rear steps at his home 304 N. Skinker Blvd. about 11:06 pm Aug 16 1943**
Due to _____
Due to _____

9. Birthplace **St. Louis Mo. 0**
10. Usual occupation **Salesman**

Other conditions (Include pregnancy within 3 months of death) **186**

11. Industry or business **Glencoe Lime Co.**
12. Name **Charles K. Cooke**
13. Birthplace **Virginia**
14. Maiden name **Careste Von Paul**
15. Birthplace **St. Louis Mo. 0**

Major findings:
Of operations _____
Of autopsy **18**

16. (a) Informant **Mr. James Frein**
(b) Address **1404 Berger Place**
17. (a) **Burial** (b) Date thereof **8-21-43**
(c) Place: burial or cremation **Calvary**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **Aug 16 1943**
(c) Where did injury occur? **at home 000**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Home**

18. (a) Signature of funeral director **Arthur Bonuelle**
(b) Address **3840 Lindell Blvd.**
19. (a) **AUG 19 1943** (b) **St. Louis**
(Date received local registrar) (Registrar's signature)

While at work? **no** (Specify type of place)
(c) Means of injury **fall**
23. Signature **Clifford J. Perry** (M.D. or other)
Address **St. Louis** Date signed **8/17/43**

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address. 3840 Lindell

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.