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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
LED JAN 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39655  
12025  
Registrar's No. 1004

Registration District No. 318 Primary Registration District No. 1004

1. PLACE OF DEATH:  
(a) County  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital  
Max C. Starkloff Memorial  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Two days  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000  
(a) State MISSOURI (b) County 17 23  
(c) City or town ST. LOUIS 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1425 SOUTH 7th ST  
(If rural, give location)  
(e) Citizen of foreign country? 910 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Laverne Joyce Cook  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month December day 31  
year 1943 hour 3:50 minute P M.  
21. I hereby certify that I attended the deceased from December  
30, 1943 to December 31, 1943;  
that I last saw her alive on December 31, 1943;  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

Immediate cause of death  
Bronchopneumonia  
Primary  
Due to \_\_\_\_\_  
Due to 107  
Other conditions (include pregnancy within 3 months of death)

7. Birth date of deceased Aug 1943  
(Month) (Day) (Year)  
8. AGE: Years Months 0 4 26  
If less than one day hr. min.

Physician  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)  
10. Usual occupation INFANT  
11. Industry or business

MOTHER FATHER  
12. Name George Robert Cook  
13. Birthplace Illinois Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name ESTHER PRATT  
15. Birthplace Sikeston Mo. Missouri  
(City, town, or county) (State or foreign country)  
16. (a) Informant ESTHER COOK  
(b) Address 1425 South 7th St  
17. (a) BURIAL (b) Date thereof 1/5/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation ST. MATTHEWS  
18. (a) Signature of funeral director J. W. McLaughlin  
(b) Address 2304 Lafayette  
19. (a) DEC 31 1943 (b) J. J. Brennan  
(Date received local registrar) (Registrar's signature)

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 Wesley Mad... (D. or other) 1/3/44  
Address 1515 Lafayette Ave. Date signed

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

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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.....

*L. R. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

**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.**