

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36871

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4244**  
Registrar's No. **298**

FILED FEB 28 1944  
Registration District No. **3063**

Primary Registration District No. **3063**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis County Hospital (D.O.A.)  
(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

3. (a) PRINT FULL NAME Bessie Lois Cook

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Foy Cook

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased April 24 1905  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	38	8	29	hr. min.

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

10. Usual occupation Buttonhole Operator

11. Industry or business Champ Mfg. Co.

12. Name Colonel Goodpasture

13. Birthplace Pike County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Voss

15. Birthplace Edwardsville Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Tribble

(b) Address Vandalia, Missouri

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 1-27-44  
(Month) (Day) (Year)

(c) Place: burial or cremation Vandalia, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) JAN 26 1944 (Date received local registrar)

(b) E. J. Mc Lauran, MD (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Wellston  
(If outside city or town limits, write "RURAL")

(d) Street No. 6507a Joseph Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23  
year 1944 hour 6:35 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.

Immediate cause of death From injuries received while riding as a passenger in a Public Service Co. bus which was struck by Wabash train #1.

Due to Extensive 3rd degree burns.

Other conditions 1700-1  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy No.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident. 195

(b) Date of occurrence January 23, 1944

(c) Where did injury occur? Etzel Av. & Wabash trks.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place.

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury 3

23. Signature W. S. Greig, M.D. (If 106, Other)

Address Kirkwood, Mo. 1-25-44 Date signed \_\_\_\_\_

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

96  
2  
3

250  
8/44

707

MAR 1 1944

MAR 2 9 1944

MAR 30 1944

JAN 3 1 1944

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.....  
*Paul G. Hoffe*

Licensed Embalmer No..... 2971

P. O. Address.....

**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.**