S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1944 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29227

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 7598

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: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 14 days (Specify whether
In this community 11 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County .....
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 4341 Finney (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Laura Belle Cook

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex Female 3 5. Color or race negro 6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased May (Month) 16 (Day) 1871 (Year)

8. AGE: Years 73 Months 3 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation House-wife.

11. Industry or business ✓

FATHER
12. Name John Howard
13. Birthplace ..... (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Eliza
15. Birthplace Puryear (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Alice Laculia Trice
(b) Address 4341 Finney Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation Paris Tenn.

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 E. Finney

19. (a) SEP 2 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month August day 30, year 1944 hour 11 minute 35 A. M.

21. I hereby certify that I attended the deceased from June 16, 1944, to August 30, 1944 that I last saw her alive on August 30, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes Mellitus	Unk.
Due to	
Due to	
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 H. H. Brewer (M. D. or other)
Address 2601 Whittier Date signed 8/31/44

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.