V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#2754

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 164

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 862

1. PLACE OF DEATH:

(a) County

(b) City or town St.Louis,Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community unk
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. 17 South 16th St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Thomas Cook

3. (b) If veteran, name war unk

3. (c) Social Security No. yes

4. Sex male

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

7. Birth date of deceased April (Month) 13th (Day) ?? (Year)

8. AGE: Years abt. 70 | Months | Days | If less than one day hr. min.

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

10. Usual occupation unk

11. Industry or business

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

MOTHER
14. Maiden name Mary Walch
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant M. Renard.
(b) Address St.Louis City Hospital

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 1-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis

18. (a) Signature of funeral director W Ruhlig
(b) Address 3500 Ridge St

19. (a) JAN 29 (Date received local registrar) (b) J. F. Braddock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16th year 1945 hour 12;40 minute A. M.

21. I hereby certify that I attended the deceased from 1/2/45, 19, to 1/16/45, 19; that I last saw him alive on 1/16/45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Arteriosclerosis

Due to

Due to

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 James J Hart (M. D. or other)

Address 1515 Lafayette 1/16/45 Date signed

(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.....

Licensed Embalmer No.....

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.