

FILED MAR 9 1945 318
Registration District No.

Primary Registration District No. **1003**

Registrar's No. **1713**

1. PLACE OF DEATH:

(a) County
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5330 Pershing
(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)

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. **5330 Pershing**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Nanha COOK**

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

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Oscar H. Cook**
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **September 23, 1863**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 **4** **27** hr. min.

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

10. Usual occupation **At home**

11. Industry or business.....

12. Name **Unknown**

13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Rosina Cahn**

15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jerome I. Cook**

(b) Address **Chase Hotel**

17. (a) **Burial** (b) Date thereof **2-22-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Sinai Cemetery**

18. (a) Signature of funeral director **H. Rindskopf**

(b) Address **5216 Delmar**

19. (a) **FEB 21 1945** **J. F. Brebeck**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **February** day **20**
year **1945** hour **9** minute **30 A.M.**

21. I hereby certify that I attended the deceased from
March, 19**44** to **Feb 20**, 19**45**
that I last saw her alive on **Feb 19**, 19**45**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary artery occlusion - myocardial infarction** Duration **48 hrs**

Due to **Chronic arterial hypertension - severe - and arterio sclerosis** **15 yrs**

Due to.....

Other conditions **Chronic Nephritis**
(Include pregnancy within 3 months of death)
Diabetes Mellitus

Major findings:
Of operations.....

Of autopsy.....

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 **Jerome I. Cook** (M. D. or other)

Address **506 N. Grand** Date signed **2/20/45**

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

MOTHER FATHER

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.....

H. Burgess

Licensed Embalmer No.....

4029

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.