

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 21 1945  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10664

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution:  
2117 East Prairie /  
(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 One

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

(d) Street No. 2117 East Prairie Ave.  
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Mary Cook

3. (b) If veteran, name war no

3. (c) Social Security No. 499-26-9819

4. Sex Female / 5. Color or race White

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

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

6. (c) Age of husband or wife if alive years 1887

7. Birth date of deceased December 13  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 6  
1945 year hour 6 minute A M.

21. I hereby certify that I attended the deceased from Aug 1 1945 to Dec 6 1945  
that I last saw her alive on Dec 6 1945  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>57</u>	<u>11</u>	<u>23</u>	hr. min.

Immediate cause of death chronic Myocarditis 17-45

Due to Arteriosclerosis 9-1-45

Due to .....

Other conditions (Include pregnancy within 3 months of death) 9-7-45

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

10. Usual occupation Housewife

11. Industry or business F.W. Woolworth

12. Name Dennis Stanton

13. Birthplace Ireland 7  
(City, town, or county) (State or foreign country)

14. Maiden name Briggett Loundergan

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine Puff  
(b) Address 1515 Lafayette (City Hosp.)

17. (a) Burial (b) Date thereof 12/10/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director H. A. Stock  
(b) Address 2117 East Grand

19. (a) DEC 8 1945 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

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 plac (c) Means of injury 0

23. Signature Phyllis A. Puff (M. D. or other MD)  
Address 380 N. Grand Date signed 12-7-45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Wm. D. Emmert, Registrar

**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 Frank A. Moore  
Licensed Embalmer No. 3041  
P. O. Address 2117 E. Grand

**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.**