

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42379

State File No. \_\_\_\_\_  
Registrar's No. 2924

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County... St. Louis

(b) City or town... Jennings

(c) Name of hospital or institution:  
5663 Hodiament Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... None  
(Specify whether years, months or days)

In this community... \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No... 5663 Hodiament Ave  
(If rural, give location)

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

3. (a) PRINT FULL NAME... Jacob Cook

3. (b) If veteran, name war... World #1

3. (c) Social Security No... 490-01-4546

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... Dec. day... 23, year... 1945 hour... 4:30 AM minute... \_\_\_\_\_ 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.

4. Sex... Male

5. Color or race... White

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

6. (b) Name of husband or wife... Dorothy M. Cook nee Schrage

6. (c) Age of husband or wife if alive... 54 years

7. Birth date of deceased... December 15, 1894  
(Month) (Day) (Year)

Immediate cause of death... Fracture of Base of Skull <sup>Durhion</sup>

Due to... Accident <sup>186 a5</sup>

Due to... (Fell down basement stairs)

8. AGE: Years Months Days If less than one day

51	0	8	_____ hr. _____ min.
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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.

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

10. Usual occupation... Machinist

11. Industry or business... \_\_\_\_\_

MOTHER FATHER {

12. Name... Jacob Cook

13. Birthplace... Unknown Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name... Martha Brown

15. Birthplace... Unknown England  
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs Dorothy M. Cook

(b) Address... 5663 Hodiament Ave

17. (a) Burial (b) Date thereof... 12/26/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... New Bethlehem Cemetery Home

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

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

(b) Date of occurrence... Dec 23, 1945

(c) Where did injury occur?... St. Louis County, Mo.  
(City or town) (County) (State)

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

While at work? NO (Specify type of place)

(e) Means of injury... Blunt Imp

23. Signature... Arnold J. Willmann (M. D. or other) Owner.  
Address... Caylor Mo Date signed... 12/26/45

18. (a) Signature of funeral director... Math Hermann & Son

(b) Address... 2161 East Fair Ave

19. (a) 12-28-45 (b) Arnold J. Willmann  
(Date received local registrar) (Registrar's signature)

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

6  
0  
5

JAN 14 1946

AUG 1 1945

**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

*Gustav W. White*

Licensed Embalmer No. *4329*

P. O. Address *H. Jones, Md*

**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.**

7. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2352  
Registrar's No. 251

**FILED** FEB 5 1946

Registration District No. 377

Primary Registration District No. 6076

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution:  
5663 Hodiament Ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

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

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

(d) Street No. 5663 Hodiament Ave  
(If rural, give location)

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

**3. (a) PRINT FULL NAME** Jacob Cook

3. (b) If veteran, name war World #1

3. (c) Social Security No. 490-01-4546

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 23, year 1945 hour 4:30 AM minute \_\_\_\_\_ 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.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Dorothy M. Cook nee Schrage

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased December 15, 1894  
(Month) (Day) (Year)

Immediate cause of death Fracture of Base of Skull  
Accident 1862 S  
Fell down basement stairs 18

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**8. AGE:** Years 51 Months 0 Days 8 hr. \_\_\_\_\_ min. (If less than one day)

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

10. Usual occupation Machinist

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

Of autopsy \_\_\_\_\_

**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**11. Industry or business**

12. Name Jacob Cook

13. Birthplace Unknown Switzerland  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Brown

15. Birthplace Unknown England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Dorothy M. Cook

(b) Address 5663 Hodiament Ave

17. (a) Burial (b) Date thereof 12/26/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) 1-29-46 (b) E. S. M. Sarawick  
(Date received local registrar) (Registrar's signature)

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

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

(b) Date of occurrence Dec 23, 1945

(c) Where did injury occur? St. Louis County, Mo.  
(City or town) (County) (State)

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

While at work? No (Specify type of place)

(e) Means of injury Blunt Imp  
Corner

23. Signature Arnold J. Willmann (M.D. or other)  
Address Dayton Mo Date signed 12/26/45

100843  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

42379

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**STATEMENT BY LICENSED EMBALMER**

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....., Registered Apprentice No.....  
working under my personal supervision.

Signed Mustaw W. Dintule

Licensed Embalmer No. 4329

P. O. Address H. Louis

**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.)**

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