

S. No. 2
M-5-43
7-5-17-39
X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. GOVERNMENT PRINTING OFFICE: 1933
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21622**
Registrar's No. **5298**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony Hospital
(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 St. Louis **96**
(c) City or town Lemay **0**
(If outside city or town limits, write "RURAL")
(d) Street No. 514 Bellsworth drive **NRO**
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY AELEN COOKE
(b) If veteran, name war -- (c) Social Security No. 492-05-6066

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Cooke
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased April 12 1919
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 1 29 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own home

MOTHER FATHER
12. Name James S. Harr
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary M. Elder
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant George Cooke
(b) Address 514 Bellsworth Dr., Lemay, Mo.

17. (a) Burial (b) Date thereof June 15, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Peter & Paul's Cemetery

18. (a) Signature of funeral director C. HOFFMEISTER U. & L. CO
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) JUN 14 1946 (b) J. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11th
year 1946 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from 6-8-46
_____ 19____ to 6-11 19____
that I last saw her alive on 6-11 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction
Intestinal bands constricting
Due to undetermined intestines

Due to _____
Other conditions post partum 2 days
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 122

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)
(b) Means of injury _____
23. Signature W. J. ... (M. D. or other)
Address 788 Lemay, Lemay, Mo. Date signed 6/15/46

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

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..... *Linus C. Hoffmann*.....
Licensed Embalmer No..... *3871*.....
P. O. Address..... *7814 S. Proctor*.....

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.