No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

28239

State File No.

FILED AUG 12 1946

Registration District No. 317

Primary Registration District No. 2062

Registrar's No. 1658

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

1. PLACE OF DEATH:

(a) County St. Louis,

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

(c) Name of hospital or institution:
6816 Washington Blv'd.,
(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, 9

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

(d) Street No. 6816 Washington Blv'd.,
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JANE McPHEETERS COOK.

3. (b) If veteran, name war None.

3. (c) Social Security No. None

4. Sex Female.

5. Color or race White.

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

6. (b) Name of husband or wife Ralph Luyties Cook.

6. (c) Age of husband or wife if alive 29. years

7. Birth date of deceased June 11, 1917.
(Month) (Day) (Year)

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

9. Birthplace Columbia, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Supervisor of speech at

11. Industry or business Central Inst., of the Deaf.

FATHER
12. Name Harold M. McPheeters.
13. Birthplace Concord, Missouri. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Potts.
15. Birthplace Audrain County, Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Harold M. McPheeters.
(b) Address 6816 Washington Blv'd.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/10/46.
(Month) (Day) (Year)
(c) Place: burial or cremation Mexico, Missouri

18. (a) Signature of funeral director C. R. Lupton & Sons.
(b) Address #7233 Delmar Blv'd.,

19. (a) 8-10-46 (Date received local registrar) (b) E G McGovern MD (Registrar's signature) MSG

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th, year 1946. hour 7 minute 45 P M.

21. I hereby certify that I attended the deceased from Aug 9, 1945, to Aug 8, 1946 that I last saw her alive on Aug 5, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	15 (?)
Tuberculosis of Trachea	Months

Due to 13 N

Due to

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.

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 0

23. Signature Paul Murphy (M. D. ~~or other~~)

Address 539 N Grand St Louis Date signed 8-9-46

(Licensed Embalmer's Statement on Reverse Side)

MAR 15 1948

Dr. Paul Murphy
Humboldt Bldg
JE - 4980

NOV 8 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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis Mo.

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.