

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis, Missouri.**
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital #1.**
(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 **23**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1515 Lafayette**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **WILLIAM COOK**
(b) If veteran, name war **None** (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **18th**
year **1946** hour **7:00** minute **P** M.
21. I hereby certify that I attended the deceased from **9/14/46**
to **Sept. 18th**, 19 **46**
that I last saw him alive on **Sept. 18th**, 19 **46**
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 **Widowed**
7. Birth date of deceased: **July 31 1881**
(Month) (Day) (Year)

Immediate cause of death: **Uremia**
Due to: **Pyelonephritis, acute & chronic, bilateral - Non-calculous**
Other conditions: **Left hydro-nephrosis**
(Include pregnancy within 3 months of death)

8. AGE: Years **65** Months **1** Days **18** If less than one day **19** hr. _____ min.

Due to: _____
Of autopsy: **Pyelonephritis, ac. & chronic. Left hydro-nephrosis, advanced**
Major findings: **133**
Of operations: _____
Underline the cause to which death should be charged statistically.

9. Birthplace: **Hannibal Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Laundry Man**

11. Industry or business: **City Hospital**

12. Name: **Frank Cook**

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

14. Maiden name: **Matilda Milstadt**

15. Birthplace: **Milstadt Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Henry Cook**

(b) Address: **3616 N. 14th St.**

17. (a) **Burial** (b) Date thereof: **9 21 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Friedens Cemetery**

18. (a) Signature of funeral director: **Witt Bros. L. & U. Co.**
(b) Address: **2929 S. Jefferson Ave.**

19. (a) **SEP 20 1946** (b) **J. F. Budick**
(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) _____
(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: **Joseph J. Budick** (M. D. or other) **9/14/46**
Address: **1515 Lafayette** Date signed _____

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..... *D. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *2929 So Jefferson*

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.