

FILED FEB 24 1947

Registration District No. **318**

Primary Registration District No. **1003**

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:
1401 Semple Ave.
(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)

3. (a) PRINT FULL NAME **Thomas F. Cook**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased **Feb. 12 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 26 hr. min.

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

10. Usual occupation **Real Estate**

11. Industry or business _____

12. Name **Bartholomew Cook**

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

14. Maiden name **Margaret Lynch**

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

16. (a) Informant **Mary Cook**

(b) Address **1401 Semple**

17. (a) **Burial** (b) Date thereof **2-11-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Weick Bro. Und. Co.**

(b) Address **2201 S. Grand Bl.**

19. (a) **FEB 10 1947** (b) **J. J. Bruders**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **oao**
(c) City or town **St. Louis** **617**
(If outside city or town limits, write "RURAL")
(d) Street No. **1401 Semple** **9**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb** day **8**
year **1947** hour **4** minute **30A** M.

21. I hereby certify that I attended the deceased from **12-12-46**
19____ to **2-8** 19**47**
that I last saw h. **was** alive on **2-8** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Stomach with generalized abdominal metastasis**
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: **no operation**
Of operations _____
Of autopsy **no 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 place)
(c) Means of injury _____
23. Signature **Louis J. Jarstad** (M. D. or other) _____
Address **1372 Wilshire Dr** Date signed **2/10/47**

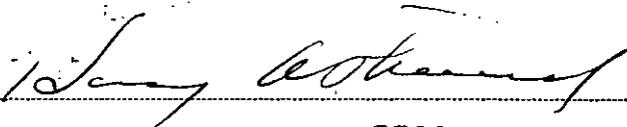
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... James R. Dunn, Registered Apprentice No. 403
working under my personal supervision.

Signed .....

Licensed Embalmer No. 3722.....

P. O. Address 2201 S. Grand Bl......

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.