

S. No. 2
-12-45
5-17-39
X47009

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42925**
11318
Registrar's No. _____

FILED DEC 22 1947

1003

Registration District No. **318**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1450 South Second Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1313 Monroe Street 9
26 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME JOHN F. COOK

3. (b) If veteran, name war Nil 3. (c) Social Security No. 497-09-1570

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced D 3

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

7. Birth date of deceased November 19, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>0</u>	<u>20</u>	hr. _____ min.

9. Birthplace ? Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Grinder

11. Industry or business Midwest Piping company

12. Name Hartley Cook

13. Birthplace ? Illinois
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Laura Faulter

(b) Address 1446 LaSalle Lane

17. (a) Burial (b) Date thereof 12-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) DEC 10 1947 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th
year 1947 hour 12:40 minute _____ P. M.
21. I hereby certify that I attended the deceased from 10-1-47
_____, 19____, to 11-28-47, 19____

that I last saw him alive on 12-8-47, 19____
and that death occurred on the date and hour stated above

Immediate cause of death myocarditis - thrombosis Coronary Fibelation 5
Duration

Due to _____
Due to _____ 9/2

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Bi lateral Thrombosis 10-15-47

Of operations _____
Of autopsy none

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

22. If death was due to external causes, fill in the following: no

(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 _____ 0

23. Signature Glenn W. Northup (M. D. or other) MD

Address 740 S.H. Date signed _____

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

12-15-47

Dr. Glenn R. Northrup,
740 So. 4th Street

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..... *A W Cooper*

Licensed Embalmer No. *5830*

P. O. Address *2316 Lafayette*

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.