

No. 2  
-17/47  
-17-39

FILED JAN 30 1948

1003

Registration District No. 318 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town **SANT LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)

(c) ~~Name of hospital or institution~~ **4261a HOLLY AVENUE**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
**LIFE** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County.....

(c) City or town **SAINT LOUIS**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4261a HOLLY AVENUE**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **J. HENRY COOK**

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JANUARY** day **19th**  
year **1948** hour **6** minute **00** P. M.

4. Sex **MALE**

5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife.....

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

7. Birth date of deceased **DECEMBER 4th, 1859**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **February 3**, 19**39** to **January 19**, 19**48**; that I last saw him alive on **January 19**, 19**48**; and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Insufficiency** **3 days**  
**Duration**

8. AGE:

Years	Months	Days	If less than one day
<b>88</b>	<b>1</b>	<b>15</b>	..... hr. .... min.

Due to **Arteriosclerotic Cardio-Vascular Disease** **10 years**

Due to.....

9. Birthplace **SAINT LOUIS, MISSOURI** **0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED**

11. Industry or business **AUTO PAINTER**

12. Name **JOHN COOK**

13. Birthplace **GERMANY** **4**  
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

15. Birthplace **GERMANY** **7**  
(City, town, or county) (State or foreign country)

Other conditions **Senility** **7/2**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

**PHYSICIAN**

Underline the cause of which death should be charged statistically.

16. (a) Informant **CHARLES F. COOK**

(b) Address **6019 HARTFORD STREET**

17. (a) **BURIAL** (b) Date thereof **1/22/48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **ST. JOHNS CEMETERY**

18. (a) Signature of funeral director **CALVIN F. FEUTZ**

(b) Address **4828 NATURAL BRIDGE BLVD.**

19. (a) **JAN 20 1948** (b) **J. F. Bredet**  
(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?..... (Specify type of place)

While at work..... Means of injury.....

23. Signature **Charles F. Cook** (M. D. or other) **1/20/48**

Address **3911 Lee Avenue** Date signed.....

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

MOTHER FATHER

Dr. C. E. Martin  
Lee Ave.

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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 John A. Mlinar  
Licensed Embalmer No. 4186  
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.