

No. 300  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED NOV 12 1948

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34026  
State File No. \_\_\_\_\_  
Registrar's No. 8641

Registration District No. 318 Primary Registration District No. 1003

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:  
4396 Lindell Blvd. /  
(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 Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4396 Lindell Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME D'Arch Paul Cooke  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct. day 3rd.,  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from 20 to 23 1948  
that I last saw him alive on Sept. 25 and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W.  
6. (a) Single, widowed, married, divorced W.2  
6. (b) Name of husband or wife Louise Cooke  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased July 10th., 1861  
(Month) (Day) (Year)

Immediate cause of death  
Coronary Occlusion  
Due to Arteriosclerosis  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
87 2 23 hr. min.

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

10. Usual occupation Retired Cashier

11. Industry or business First Nat'l. Bank

12. Name William M. Cooke

13. Birthplace Va. /  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Von Prul  
(City, town, or county) (State or foreign country)

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John R. Thomas  
(b) Address 4716 Westminster Place

17. (a) Burial (b) Date thereof 10-5-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Co-Cemetery

18. (a) Signature of funeral director Arthur J. Wonnely  
(b) Address 3840 Lindell Blvd.  
19. (a) OCT 4 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?  
While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (Means of injury)  
23. Signature Edna R. [unclear] M. D. or other \_\_\_\_\_  
Address 627 The Grand Date signed 10/5/48

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 1 1948

**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 Stanley Marshall

Licensed Embalmer No. 3868

P. O. Address 3840 Rindell

**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.**