S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35080

FILED OCT 23 1948

Registration District No. 5207

Primary Registration District No. 6076

Registrar's No. 2400

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 days (Specify whether years, months or days)
In this community: 36 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Genevieve
(c) City or town: Kinsey
(If outside city or town limits, write "RURAL")
(d) Street No.: —
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: —

3. (a) PRINT FULL NAME: COOK, Godfrey B.
3. (b) If veteran, name war: WW-II
3. (c) Social Security No.: Unknown
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Vera L. Cook
6. (c) Age of husband or wife if alive: 23 years
7. Birth date of deceased: June (Month) 3, (Day) 1912 (Year)

8. AGE: Years 36 | Months 4 | Days 12 | If less than one day: hr. min.

9. Birthplace: Kinsey, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Real Estate Salesman
11. Industry or business: —

FATHER
12. Name: James G. Cook
13. Birthplace: St. Louis, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Cora E. Primo
15. Birthplace: Kinsey, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Registrar, VAH
(b) Address: Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Ste. Genevieve, Mo.
18. (a) Signature of funeral director: Basler Funeral Home
(b) Address: St. Genevieve, Missouri
19. (a) 10-15-48 (Date received local registrar) (b) Cecil A. Shaw M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 15 year: 1948 hour: 1:40 minute: a. M.

21. I hereby certify that I attended the deceased from October 9, 1948, to October 15, 1948 that I last saw him alive on October 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: CIRRHOSIS OF LIVER
LAENNEC's, BLEEDING ESOPHOGEAL VARICES — Duration: Unk
Due to:
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: none
Of autopsy: Autopsy performed (see cause of death).

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(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? Nature of injury:

23. Signature: EDWARD E. O'BRIEN (M. D. or Coroner)
Address: VAH, Jeff. Brks., Mo. Date signed: 10/15/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Robert M. Murray

Licensed Embalmer No. 3749

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.