

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

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17  
49

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>7489</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>3 1/2 da.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Valley Park</b>		<b>96</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Rt #2, Saline Road</b>			
3. NAME OF DECEASED (Type or Print) <b>HOWARD</b>		a. (First)		b. (Middle) <b>L.</b>		c. (Last) <b>COOK</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 26 1949</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Febr. 24, 1894</b>		9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months <b>6</b> Days <b>2</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Personnel Dir.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wholesale Food</b>		11. BIRTHPLACE (State or foreign country) <b>Bellflower, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b></b>	
13a. FATHER'S NAME <b>James R. Cook</b>		13b. MOTHER'S MAIDEN NAME <b>Annie M. Lohman</b>		14. NAME OF HUSBAND OR WIFE <b>Lucile M. Cook</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>		16. SOCIAL SECURITY NO. <b>269-09-4521</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lucile M. Cook</b> ADDRESS <b>Rt. #2, Saline Rd. Valley Park, Mo.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>1 1/2 years</b>	
<p>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of the Rectum</b>					
		ANTECEDENT CAUSES					
		DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Valley Park Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>1524X</b>			
22. I hereby certify that I attended the deceased from <b>Aug 22, 1949</b> , to <b>Aug 26, 1949</b> , that I last saw the deceased alive on <b>Aug 26, 1949</b> ; and that death occurred at <b>6 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Leo A. Jackson</b> (Degree or title) _____				23b. ADDRESS <b>4500 Olive</b>		23c. DATE SIGNED <b>Aug 27, 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8-29-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Montgomery City Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Montgomery City, Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>AUG 29 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JAY B. SMITH, 7456 Manchester Ave. Maplewood 17, Mo.</b>			

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ronald Dyahnke

Licensed Embalmer No. 3917

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.