

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 3200
 00070

4002

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

BIRTH NO.		REG. DIST. NO. <u>1317</u>		PRIMARY REG. DIST. NO. <u>13063</u>		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>St. Louis</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		a. STATE <u>Mo</u>		b. COUNTY <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6343 N. Rosebury Ave.</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		d. STREET ADDRESS (If rural, give location) <u>6343 N. Rosebury Ave.</u>	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>John F. Cook</u>			b. (Middle)			c. (Last)	
6. COLOR OR RACE <u>W.</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>			8. DATE OF BIRTH <u>Oct. 18, 1891</u>	
9. AGE (In years last birthday) <u>58</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Art Glass Glazer</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			13a. FATHER'S NAME <u>John Cook</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Cruse</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Emma Cook</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emma Cook, 6343 N. Rosebury Ave.</u>			18. CAUSE OF DEATH			19. INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH			MEDICAL CERTIFICATION			19. INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES			4201	
			DUE TO (b) <u>arterio sclerosis</u>				
			DUE TO (c)				
			II. OTHER SIGNIFICANT CONDITIONS				
			Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1-3</u> , 19 <u>50</u> , to <u>1-8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-3</u> , 19 <u>50</u> , and that death occurred at <u>6 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>			23b. ADDRESS <u>5899 Delmar</u>			23c. DATE SIGNED <u>1/9/50</u>	
24a. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		24b. DATE <u>Jan. 11, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-9-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>3840 Lindell Blvd.</u>	

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 3840 Lindell

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.