

STANDARD CERTIFICATE OF DEATH

FILED FEB 25 1950

State File No. ....

317

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. 6076 Registrar's No. 446

1. PLACE OF DEATH a. COUNTY ST. Louis b. CITY OR TOWN PINE LAWN c. LENGTH OF STAY 2 YRS. d. FULL NAME OF HOSPITAL OR INSTITUTION SHANROCK NURSING HOME
2. USUAL RESIDENCE a. STATE Mo. b. COUNTY ST. Louis c. CITY OR TOWN ST. LOUIS WELLSTON d. STREET ADDRESS 6202 RIDGE AV.
3. NAME OF DECEASED a. (First) CHARLOTTE b. (Middle) E. c. (Last) COOK 4. DATE OF DEATH (Month) (Day) (Year) FEB. 18-50
5. SEX FEMALE 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2 8. DATE OF BIRTH FEB-19-1877 9. AGE (In years last birthday) 72 YRS
10a. USUAL OCCUPATION None 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign country) MO D 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME EDWARD WELSH 13b. MOTHER'S MAIDEN NAME ELIZABETH Cowman 14. NAME OF HUSBAND OR WIFE CHARLES J. COOK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME Eleanor Cook ADDRESS 1843 N. MARKET

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Pulmonary edema
(b) Coronary insufficiency
(c) Hypertensive + arteriosclerotic
II. OTHER SIGNIFICANT CONDITIONS arteriosclerotic dementia + encephalopathy
INTERVAL BETWEEN ONSET AND DEATH 3 days, 2 weeks, 5 years

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4/20/50 20. AUTOPSY? YES NO [X]

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1948, to Feb 18, 1950, that I last saw the deceased alive on Feb 16, 1950, and that death occurred at 2:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE Lewis Littmann (Degree or title) MD 23b. ADDRESS 8231 Clayton Rd (17) 23c. DATE SIGNED 2/18/50

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE Feb 21-50 24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM. 24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. FEB 20 1950 REGISTRAR'S SIGNATURE Herbert Palumbo M.D. 25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schurz ADDRESS 3125 Lafayette av

No. 300 10.48

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Joseph Hollmer*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Papertown*

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.