

FILED SEP 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32031**  
Registrar's No. **2220**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063**

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLAYTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>BRENTWOOD</b>	
c. LENGTH OF STAY (In this place) <b>5 Days</b>		d. STREET ADDRESS (If rural, give location) <b>8704 DARLINGS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST LOUIS COUNTY HOSPITAL</b>			

3. NAME OF DECEASED a. (First) <b>JOHN</b> (Type or Print)		b. (Middle)		c. (Last) <b>COOK</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 15 1950</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>C</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWER</b>		8. DATE OF BIRTH <b>4/11/1871</b>	
9. AGE (In years last birthday) <b>79</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>JANITOR</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>METROPOLIS Ill</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>		13a. FATHER'S NAME <b>PETER COOK</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>MINNIE COOK</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>490-22-9412</b>		17. INFORMANT'S SIGNATURE OR NAME <b>LEO COOK</b>		ADDRESS <b>8704 DARLING</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a); (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral vascular accident</b>				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		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)	
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?	

22. I hereby certify that I attended the deceased from **9-10-1950** to **9-15-1950**, that I last saw the deceased alive on **9-15-1950**, and that death occurred at **8:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE <b>Robert E. White</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>601 Brentwood, Clayton</b>		23c. DATE SIGNED <b>9-16-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>09/20/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FATHER DICKSON</b>		24d. LOCATION (City, town, or county) (State) <b>ST LOUIS MO</b>	
DATE REC'D BY LOCAL REG. <b>9-19-50</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Bomke</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Marie C. Lewis</b>		ADDRESS <b>22 EUCLID. W.S.</b>	

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.....  
Student Embalmer

Signed D. Richardson

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.