

FILED JAN 17 1951

STANDARD CERTIFICATE OF DEATH

State File No. **3194**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FERGUSON 4109	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOS		d. STREET ADDRESS (If rural, give location) 416 ST. LOUIS AVE. 1	

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) W c. (Last) Cook			4. DATE OF DEATH (Month) (Day) (Year) 1/1/51		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER 2	
8. DATE OF BIRTH OCT. 20, 1923		9. AGE (In years last birthday) 76		10. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINT. LABORER		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) LONDON ENGLAND 4	

13a. FATHER'S NAME ALBERT F. COOK		13b. MOTHER'S MAIDEN NAME MARY ANN ERITH		14. NAME OF HUSBAND OR WIFE TILLIE COOK (DEC)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ETHEL SUMMERTON	
				ADDRESS FERGUSON, MO	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIO SCLEROTIC HEART DIS		INTERVAL BETWEEN ONSET AND DEATH 3+ YRS	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PUL. EMPHYSEMA			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		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 **12-27, 1950** to **1-1, 1951**, that I last saw the deceased alive on **1-1, 1951**, and that death occurred at **12:58 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. M. Weible M.D.		23b. ADDRESS		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 1		24b. DATE 1/4/51		24c. NAME OF CEMETERY OR CREMATORY OAK GROVE CEM.	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY	

DATE REC'D BY LOCAL REG. 1/3/51		REGISTRAR'S SIGNATURE Robert P. Donker M.D. #3		25. FUNERAL DIRECTOR'S SIGNATURE WHITE CHAPEL	
				ADDRESS 118 N. FLORISSANT	

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

4022
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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

L. M. White

Signed.....

Student Embalmer

Licensed Embalmer No. *3973*

P. O. Address *Ferguson Ma*

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.