

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9981**
2563

FILED MAR 29 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1005		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis c. LENGTH OF STAY (in this place) OR TOWNSHIP 1 week d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis d. STREET ADDRESS (If rural, give location) 329 N. 67th Street			
3. NAME OF DECEASED (Type or Print) a. (First) Alfred b. (Middle) W c. (Last) Cookson			4. DATE OF DEATH (Month) (Day) (Year) March 17 1951		5. SEX Male		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 15, 1900		9. AGE (In years last birthday) 50 IF UNDER 1 YEAR Months 5 IF UNDER 12 HRS. Days 2 Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10b. KIND OF BUSINESS OR INDUSTRY Finance Co.		11. BIRTHPLACE (State or foreign country) Centerville Station, Ill		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Cookson		13b. MOTHER'S MAIDEN NAME Florence Martin		14. NAME OF HUSBAND OR WIFE Hilda Eckert Cookson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. XX		17. INFORMANT'S SIGNATURE OR NAME Hilda Cookson ADDRESS 329 N. 67, E. St. L.			
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) Pulmonary Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Heart Disease Aortic Stenosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____				INTERVAL BETWEEN ONSET AND DEATH 5 days yes.	
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) No.		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? HIK					
22. I hereby certify that I attended the deceased from March 9, 1951 , to March 17, 1951 , that I last saw the deceased alive on 3/17, 1951 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Arthur E. Strauss (Degree or title) M.D.				23b. ADDRESS 532 N. Grand, St. Louis		23c. DATE SIGNED 3/19/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-20-51		24c. NAME OF CEMETERY OR CREMATORY Valhalla Burial Park		24d. LOCATION (City, town, or county) (State) Belleville Illinois	
DATE RECD BY LOCAL REG. MAR 19 1951		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE K. H. Turres ADDRESS E. St. L., Ill			

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.

Not Embalmed

Student Embalmer No.....

Signed *R. W. Kurriger*

Signed.....
Student Embalmer

Licensed Embalmer No. *3162*

P. O. Address *East St. Louis Ill*

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.