

FILED SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33041

State File No. ....  
Registrar's No. 8569

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY OR TOWN St Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer G. Phillips e. STREET ADDRESS (If rural, give location) 21 3314 Franklin 22190

3. NAME OF DECEASED a. (First) Acie b. (Middle) \_\_\_\_\_ c. (Last) Cook 4. DATE OF DEATH (Month) (Day) (Year) 8 31 53

5. SEX MALE 6. COLOR OR RACE NEGRO 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 8. DATE OF BIRTH 8-25-1903 9. AGE (In years last birthday) 50 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER 11. BIRTHPLACE (City and State or Foreign Country) RALIEGH N.C. 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME UNKNOWN 13b. MOTHER'S MAIDEN NAME UNKNOWN 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS LUCILLE COOK 3314 FRANKLIN

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Hemorrhage MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Undt.

\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES 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. Hypertensive Cardiovascular Disease Undt.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) 3314 (COUNTY) \_\_\_\_\_ (STATE) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 8-29, 1953, to 8-31, 1953, that I last saw the deceased alive on 8-31, 1953, and that death occurred at 9:15 Am., from the causes and on the date stated above.

23a. SIGNATURE E. B. Williams (Degree or title) M.D. 23b. ADDRESS 2601 N. Whittier 23c. DATE SIGNED 9-2-53

24a. BURIAL, CREMATION REMOVAL REMOVAL 24b. DATE 9-4-53 24c. NAME OF CEMETERY OR CREMATORY DAKDALE 24d. LOCATION (City, town, or county) (State) St Louis Co. MO

DATE REC'D BY LOCAL REG. SEP 3 1953 REGISTRAR'S SIGNATURE Carl Smith FUNERAL DIRECTOR'S SIGNATURE Bennie Love ADDRESS 3103 Washington

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *W. Claude Gordon*

Licensed Embalmer No. *3482*

P. O. Address *4575 al*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.