

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

| | | | |
|--|---|---|---|
| 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) 2 Hrs | c. CITY OR TOWN St. Louis | d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | e. STREET ADDRESS (If rural, give location) 4433A Athlone Ave | |

| | | | | | |
|---|----------------------------------|--|--|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) May c. (Last) Cooke | | | 4. DATE OF DEATH (Month) (Day) (Year) July 22 1954 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH April 10 1878 | 9. AGE (In years last birthday) Months Days 76 | 10. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo | |

| | | | | | |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME Carl Bernard Sippel | | 13b. MOTHER'S MAIDEN NAME Jennie Thompson | | 14. NAME OF HUSBAND OR WIFE A. Lee Cooke | |
| 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. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS A. Lee Cooke 4433 A Athlone Ave | |

| | | | | | |
|---|--|--|--|--|----------------------------------|
| 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) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Heat Stroke 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 |
|---|--|--|--|--|----------------------------------|

| | | | | |
|--|--|---|--|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Accident | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT (Specify) Accident | 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? E9317 | | |

22. I hereby certify that I attended the deceased from 10 P. to 10 P., 1954, that I last saw the deceased alive on 19, and that death occurred at 11:07 m., from the causes and on the date stated above. 46

| | | | | | |
|--|----------------------------------|--|--|------------------------------------|--|
| 23a. SIGNATURE (Degree or title) Tatiana Taylor Carson | | 23b. ADDRESS 200 Clark | | 23c. DATE SIGNED 7-26-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE July 26 1954 | 24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co Mo. | | |

| | | | | |
|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. JUL 26 1954 | REGISTRAR'S SIGNATURE Carl Smith MD | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F Feutz Inc 4828 Nat Bridge Blvd | |
|--|---|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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..... *Ralph C. Lindner*

Licensed Embalmer No...422

P. O. Address *St. Louis*

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.