

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35249

State File No.

BIRTH NO. 7285954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8686

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>St. Louis,</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethesda Hospital</u>		STREET ADDRESS (If rural, give location) <u>19 4241 W. Pine Blvd. 2199</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Larry</u>		b. (Middle) <u>Gene</u>		c. (Last) <u>Cook</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 22, 1954</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Sept. 21, 1954</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>			
13a. FATHER'S NAME <u>Junior L. Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Gurenton</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Nil.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Junior L. Cook 4241 W. Pine Blvd.</u>			
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) <u>atelectasis of lungs</u> <u>anoxia</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Prematurity, 4 months gestation</u> DUE TO (c) <u>Premature separation of placenta.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Placenta.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>7625</u>			
22. I hereby certify that I attended the deceased from <u>9-21, 1954</u> , to <u>9-22, 1954</u> , that I last saw the deceased alive on <u>9-22, 1954</u> , and that death occurred at <u>8:15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. Younger M.D.</u>		23b. ADDRESS <u>3624 Russell</u>		23c. DATE SIGNED <u>9-23-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stephens Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Marquand, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe 4700 Washington.</u>					
DATE REC'D BY LOCAL REG. <u>SEP 23 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>mfb</u> (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 *No Embalmer*
C. D. D. D.

Licensed Embalmer No.

P. O. Address

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.