

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6666**

FILED MAR 8 1955

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **490**

1. PLACE OF DEATH a. COUNTY St. Louis 0		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 OR TOWN Pine Lawn 4151	
c. LENGTH OF STAY (In this place) 3 Days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospt.			
STREET ADDRESS (If rural, give location) 6419a Pasadena Blvd.			

3. NAME OF DECEASED (Type or Print) Leona			a. (First)			b. (Middle)			c. (Last) Cook			4. DATE OF DEATH (Month) (Day) (Year) 2 25 55			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11/21/1889			9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework				10b. KIND OF BUSINESS OR INDUSTRY At Home				11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Bernhardt Fischer			13b. MOTHER'S MAIDEN NAME Anna Keller			14. NAME OF HUSBAND OR WIFE James L. Cook							
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 ADDRESS James L. Cook 6419a Pasadena Blvd					

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio-sclerotic heart disease											
		ANTECEDENT CAUSES 2 - Broncho-pneumonia											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 3 - Diabetes mellitus											
		DUE TO (b) 3 - Diabetes mellitus											
		DUE TO (c)											
		II. OTHER SIGNIFICANT CONDITIONS Diabetes mellitus											
		Conditions contributing to the death but not related to the disease or condition causing death.											

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.			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 **2-22**, 1955, to **2-25**, 1955, that I last saw the deceased alive on **2-25**, 1955 and that death occurred at **1:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert W. Lohmeyer M.D. (Degree or title)			23b. ADDRESS 601 So Brentwood			23c. DATE SIGNED 2/26/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2/28/55		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			

DATE REC'D BY LOCAL REG. 2/28/55		REGISTRAR'S SIGNATURE Heber R. Romke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave.	
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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..... *Alfred J. Boedel*
Licensed Embalmer No. *26*
P. O. Address *11257 Ave*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.