

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13225

FILED APR 28 1955

State File No. _____
Registrar's No. **3325**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3325			
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 624 Geyer				STREET ADDRESS (If rural, give location) 23 624 Geyer					
3. NAME OF DECEASED (Type or Print) a. (First) JOE b. (Middle) _____ c. (Last) COOK			4. DATE OF DEATH (Month) (Day) (Year) Apr 11 1955						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 15 1883			
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Street Car Operator			10b. KIND OF BUSINESS OR INDUSTRY Transportation			11. BIRTHPLACE (City and State or Foreign Country) Ky			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME John Cook		13b. MOTHER'S MAIDEN NAME Amanda Brown		14. NAME OF HUSBAND OR WIFE Myrtle B Cook		
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 Myrtle B Cook			ADDRESS 624 Geyer	
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) Chl myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Chl arterites						INTERVAL BETWEEN ONSET AND DEATH 5 yrs 10 yrs	
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) _____			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4222							
22. I hereby certify that I attended the deceased from June 10 1945 to April 11 1955 , that I last saw the deceased alive on Apr 10, 1955 , and that death occurred at 11:15 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE T. K. Lindewolf (Degree or title) M.D.				23b. ADDRESS 2026 So. 9th St		23c. DATE SIGNED 4/12/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Apr 14 55		24c. NAME OF CEMETERY OR CREMATORY SunSet Burial Park		24d. LOCATION (City, town, or county) (State) St Louis Cty Mo			
DATE REC'D BY LOCAL REG. APR 14 1955		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur ADDRESS 3125 Lafayette					

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 *Jon Ballmer*

Licensed Embalmer No. *21014*

P. O. Address *3125 Lafayette*

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.