

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21734

State File No. ....

FILED JUN 20 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5465**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>7 yrs.</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>		STREET ADDRESS (If rural, give location) <b>1103 N. Compton Ave. 221/0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MAJOR</b>	b. (Middle) <b>JAMES</b>	c. (Last) <b>COOK</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 4 1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 13, 1886</b>
9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>21</b>	IF UNDER 2 HRS. Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Vicksburg, Miss.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Henry Cook</b>	13b. MOTHER'S MAIDEN NAME <b>Sally Walton</b>	14. NAME OF HUSBAND OR WIFE <b>Henrietta Cook</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Irene Strong 1103 N. Compton Ave.</b>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL HEMORRHAGE</b>  ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>GENERALIZED ARTERIOSCLEROSIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs.</b>   <b>UNKNOWN</b>
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?	
22. I hereby certify that I attended the deceased from <b>10-26-53</b> , 19___, to <b>June 4,</b> 19 <b>56</b> , that I last saw the deceased alive on <b>June 3,</b> 19 <b>56</b> , and that death occurred at <b>1:30 a m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Chas. P. Ford</b> (Degree or title)		23b. ADDRESS <b>2746a Franklin Ave., St. Louis</b>	23c. DATE SIGNED <b>6-5-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>June 8, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Vicksburg</b>	24d. LOCATION (City, town, or county) (State) <b>Miss.</b>
DATE REC'D BY LOCAL REG. <b>JUN 7 1956</b>	REGISTRAR'S SIGNATURE <b>Charles Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. H. RANDLE &amp; SON 3133 Bell Ave.</b>	

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.....  
*Esther H. Harris*

Licensed Embalmer No. *445*

P. O. Address *4181 Wash*

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.