

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45724**  
Registrar's No. **12013**

FILED DEC 19 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Lovejoy</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>		e. STREET ADDRESS (If rural, give location) <b>120 N. 5th Street</b>	
3. NAME OF DECEASED (Type or Print) <b>Andrew Willo Cork</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12 - 13 - 57</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 7, 1905</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <b>52</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Catas, Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	

13a. FATHER'S NAME <b>M. D. Cork</b>	13b. MOTHER'S MAIDEN NAME <b>Ora Winston</b>	14. NAME OF HUSBAND OR WIFE <b>Corine Cork</b>
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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>344-14-4494</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Corine Cork</b>	ADDRESS <b>1209 N. 5th Lovejoy, Ill.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertension Left Heart Failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 1/2</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>443x</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec 18, 1957**, to **Dec 13, 1957**, that I last saw the deceased alive on **12-13, 1957**, and that death occurred at **49** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter A. Younger M.D.</b>	23b. ADDRESS <b>2337 Market Street Mo</b>	23c. DATE SIGNED <b>12/13/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12/18/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Metropolis, Illinois</b>
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DATE REC'D BY LOCAL REG. <b>DEC 14 57</b>	REGISTRAR'S SIGNATURE <b>J. Paul Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>R. M. C. Green</b>	ADDRESS <b>4060 Washington</b>
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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.....  
*Melvin G. [Signature]*

Licensed Embalmer No. *442*

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.