

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014846

STATE FILE NUMBER

3525

FILED MAY 8 1959

Registration District No.

Primary Registration District No.

Registrar No.

300
1-57
16
3A
810

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>AFFTON 4810</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>LUTHERAN HOSPITAL</i>		d. STREET ADDRESS (If outside, give location) <i>9206 PAVIA</i>	
3. NAME OF DECEASED (Type or print) First <i>ARTHUR</i> Middle <i>P</i> Last <i>CROOK</i>		4. DATE OF DEATH Month <i>APRIL</i> Day <i>7</i> Year <i>1959</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>WHITE</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>JAN 21, 1886</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MAINTENANCE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>MFR. BANK</i>	11. BIRTHPLACE (City and state or country) <i>WATERLOO, ILL.</i>
13a. FATHER'S NAME <i>CHARLES CROOK</i>		13b. MOTHER'S MAIDEN NAME <i>BARBARA JOST</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>		17. INFORMANT Name <i>ISABEL CROOK</i> Address <i>9206 PAVIA</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio Sclerotic Myocarditis</i> DUE TO (b) <i>Generalized Arterio Sclerosis</i> DUE TO (c) <i>422.1</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 yrs.</i> <i>2 yrs.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Emphysema</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>—</i>	
20c. TIME OF INJURY Hour <i>—</i> Month <i>—</i> Day <i>—</i> Year <i>—</i> a.m. <i>—</i> p.m. <i>—</i>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>—</i>		20f. CITY, TOWN, OR LOCATION COUNTY <i>—</i> STATE <i>—</i>	
21. I attended the deceased from <i>4/5</i> to <i>Apr 7 1959</i> and last saw him alive on <i>Apr 6 1959</i> . Death occurred at <i>9:00A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Isabel Crook</i> (Degree or Title)		22b. ADDRESS <i>5203 Chippewa</i>	
22c. DATE SIGNED <i>4/8/59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		23b. DATE <i>4/10/1959</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>SUNSET BURIAL PARK</i>		23d. LOCATION (City, town, or county) (State) <i>AFFTON, Mo.</i>	
24. FUNERAL DIRECTOR <i>J L ZIEGENHEIN & SONS</i> ADDRESS <i>7027 GRAVOIS</i>		25. DATE RECD. BY LOCAL REG. <i>APR 9 '59</i>	
		26. REGISTRAR'S SIGNATURE <i>Earl Smith. M.D.</i>	

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 *Donald E Benz*

Licensed Embalmer No. *4863*

P. O. Address *St. Louis, Mo.*

**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.**