Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-022785
STATE FILE NUMBER

FILED JUL 1 1959 Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 5344

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Louis City Hospital #1 — Length of stay in 1b
0

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 3640 Liermann Ave. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First HARRY Middle LAVERNE Last COOK
4. DATE OF DEATH Month June Day 4 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 20, 1939
9. AGE (In years last birthday) 20 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor Confectionary
10b. KIND OF BUSINESS OR INDUSTRY Store- Own Business
11. BIRTHPLACE (City and state or country) Cora, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Harry B. Cook
13b. MOTHER'S MAIDEN NAME Viola Childers
14. NAME OF HUSBAND OR WIFE -
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. 499-36-1030
17. INFORMANT Viola Cook Address 3640a Liermann Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Approximately 2-3 weeks post thermal injury, extensive
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bilateral confluent Broncho Pneumonia
DUE TO (c) 9166 40

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH [illegible] received in fire (arson) in store

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ Open Verdict
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18) 1230 am., May 19, 1959. Whether Accidental or Homicidal could not be determined
20c. TIME OF INJURY Hour a.m. Month, Day, Year 1230 5 19 59
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 252 Store
20f. CITY, TOWN, OR LOCATION St Louis COUNTY Mo STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 1030 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul J Simon Deputy Coroner
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 6/4/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6-4-59
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) Chester, Illinois (State)

24. FUNERAL DIRECTOR John J. Kassly ADDRESS E. St. Louis, Illinois
25. DATE RECD. BY LOCAL REG. JUN 4 '59
26. REGISTRAR'S SIGNATURE Karl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Not Embalmed, Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Joseph J. Kasily

Licensed Embalmer No. 7541

P. O. Address E 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.