

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

28695

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis* (No. *910 e*) *Gratiot* St. _____ Ward _____
 Registered No. **8234**

2. FULL NAME

Lee A. Cook
 (a) Residence. No. *910 e Gratiot* St., *27* Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *negro* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct. 9, 1926*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Schuld*
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *St. Louis*
 (STATE OR COUNTRY)

10. NAME OF FATHER *Archie Cook*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Ky.*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Hazel Stewart*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Mo.*
 (STATE OR COUNTRY)

14. INFORMANT *Archie Cook*
 (Address) *910 Gratiot St.*

15. FILED *SEP 16 1927* *Wm. J. Stanley* REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept 15 27* 19

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at *11 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Gastro-Enteritis.
1192

CONTRIBUTORY (SECONDARY) *W.M.A.*

18. WHERE WAS DISEASE CONTRACTED *113 B*
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) *R. J. Blair* M. D.
 (Address) *1417 E. Covance*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Greenwood* DATE OF BURIAL *9/17 1927*

20. UNDERTAKER *A. Russell and Co. Pine St.* ADDRESS *2732*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

