

EB 23 1928

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

Do not use this space.

2481

1. PLACE OF DEATH

County St. Louis
Township Central
City University City (No. 6615 Clemens Ave.)

Registration District No. 1160
Primary Registration District No. H470

File No. 5
Registered No. _____
St. _____ Ward _____

2. FULL NAME Charles Firmin Cook

(a) Residence, No. 6615 Clemens Ave. St. _____ 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Cook

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 5, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 11 18

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Druggist
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Carlinville
(STATE OR COUNTRY) Ill.

PARENTS

10. NAME OF FATHER John K. Cook
11. BIRTHPLACE OF FATHER (CITY OR TOWN) London
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Mary Bland
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Yorkshire
(STATE OR COUNTRY) England

14. INFORMANT Mrs. Margaret Cook
(Address) 6615 Clemens Ave.

15. FILED 1-24-28 Lillian Brown
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 23 1928

17. I HEREBY CERTIFY That I attended deceased from Jan 21, 1928, to Jan 23, 1928 that I last saw him alive on Jan 23, 1928, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 99D

Myocardia

CONTRIBUTORY (SECONDARY) 90B

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [Signature], M. D.
1/23, 1928 (Address) [Address]

*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 Valhalla Ceme. DATE OF BURIAL Jan 25 1928

20. UNDERTAKER Alexander & Sons ADDRESS 6175 Delmar

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.

