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

Do not use this space.

21828

File No.

Registered No. 5941

1. PLACE OF DEATH

County..... Registration District No. 4911

Township..... Primary Registration District No. 1003

City St. Louis (No. Jewish Hospital, St. Ward)

2. FULL NAME Clara Cook

(a) Residence. No. 5370 Pershing Ave. St., 12 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13-1869

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	59	1	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(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) Mo.

PARENTS

10. NAME OF FATHER Joseph Cook

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

12. MAIDEN NAME OF MOTHER Clara Cook (nee)

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

14. INFORMANT Mrs. Louis D. Levy
(Address) Washington Hotel

15. FILED JUN -2 1928, 19.... Ray C. Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1928

17. I HEREBY CERTIFY, That I attended deceased from May 23, 1928, to June 1, 1928, that I last saw h. alive on June 1, 1928, and that death occurred, on the date stated above, at 5:30/9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

a. Myocarditis chronic
b. Arteriosclerosis (Coronary)
c. Aortitis Hypertension
(duration) Sev. yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Hemiplegia due to Cerebral Hemorrhage (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? yes.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Llewellyn Sale, M. D.
6/1, 1928 (Address) 3720 Washington

*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	DATE OF BURIAL
Mt. Sinai Cemetery	June 4 1928
20. UNDERTAKER H. Rindskopf	ADDRESS 5216 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.

WHICH PERMANENT RECORD WITH SWORN INFORMATION IS A PERMANENT RECORD