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

Do not use this space.

8124

1. PLACE OF DEATH

County ..... Registration District No. 781

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

City St. Louis Mo. (No. 4245 Swan Ave. St. ..... Ward)

File No. .....

Registered No. 1776

2. FULL NAME Lucy Cook

(a) Residence. No. 4245 Swan Ave St., 18 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 35 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	Married

5A. IF MARRIED, ~~W[illegible] DIVORCED~~ ~~[illegible]~~ (OR) WIFE OF Stephen Cook

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 27, 1856

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	2	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Belt Worker

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Liggett & Meyer Tob. Co.

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Germany

PARENTS

10. NAME OF FATHER Henry Bianlois

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

12. MAIDEN NAME OF MOTHER Lucy Unknown

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

14. INFORMANT Steve Cook (Address) 4225 Cook Ave.

15. FILED ..... 19.. Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 5 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1929, to Feb 5, 1929 that I last saw her alive on Feb 1st, 1929 and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Mitral Regurgitation

92 II

97 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? NO DATE OF —

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Heart murmurs

(Signed) J. S. Shultz, M. D

2-6, 1929 (Address) 4575 - Chouteau

*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 Quincy Illinois

DATE OF BURIAL Feb. 7 1929

20. UNDERTAKER Kriegshauser Und. Co. Kriegshauser Und. Co

ADDRESS 4104 Manchester

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.

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