

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

Do not use this space.

39225

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **4033 Botanical**) St. Ward)

File No.
 Registered No. **11711**
 St. Ward)

2. FULL NAME

John Lewis Cook
 (a) Residence No. **4033 Botanical** St. **17** 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 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**
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 2 1869**
7. AGE YEARS MONTHS DAYS **60 7 28**
 IF LESS than 1 day, hrs. or min.

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

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

10. NAME OF FATHER **Chas Cook**

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

12. MAIDEN NAME OF MOTHER **Jane Hazel**

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

14. INFORMANT **Marshall Cook**
 (Address) **4033 Botanical**

15. FILED **DEC - 2 1932**
Mary E Storken
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Nov 30 1929**

17. I HEREBY CERTIFY, That I attended deceased from
 19..... to 19.....
 that I last saw h. alive on 19..... and that
 death occurred, on the date stated above, at **10:00** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **90** (duration) yrs. mos. 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) **J. W. Kerner** M. D.

172 . 19 **29** (Address) **Dep. Coroner**

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Valhalla** **12-2 1929**
DATE OF BURIAL

20. UNDERTAKER **Cullen Kelly** **4526 Cotton**
ADDRESS

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

PARENTS
 3
 2
 31
 2

