

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

1. PLACE OF DEATH

County..... Registration District No. 791
 Townshp. St. Louis Primary Registration District No. 1003
 City St. Louis (No. 4001 - Broadway St. Ward)

File No. 7543
 Registered No. 1892

2. FULL NAME

Betty Cook
 (a) Residence. No. 4001 - S. Jeffrey St. 15 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Cook
 7. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 10 - 1882
 8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 3 1
 9. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housework
 (b) General nature of industry, business, or establishment in which employed (or employer) 333
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1
 10. NAME OF FATHER Nicholas Baltz
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany
 12. MAIDEN NAME OF MOTHER Adelle Moter
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Joseph Cook
 (Address) 4001 - S Broadway

15. FILED 1892 REGISTRAR W. E. ...

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 11 1931
 17. I HEREBY CERTIFY, That I attended deceased from 1/20/31, 19... to 2/11/31, 19... that I last saw him alive on 2/11/31, 19... and that death occurred, on the date stated above, at 4:40 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Embolism
Sudden (duration) yrs. mos. ds.
 CONTRIBUTORY Thrombophlebitis of Leg. (SECONDARY) (duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? no DATE OF (1)
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical Observation
 (Signed) Henry R. Strat M. D.
2/12 1931 (Address) 3531 - Delmar

*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 Sunset B. Park DATE OF BURIAL Feb 14 1931

20. UNDERTAKER Wacker-Helderde ADDRESS 2331 - S. ...

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.

