

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

Do not use this space.

39508

1. PLACE OF DEATH

County.....

Registration District No. **701**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo** (No. **City Hospital #2**)

File No.
Registered No. **11698**
St. Ward

2. FULL NAME

(a) Residence, No. **19 So. Hampton** St., **H** Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **4** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Female</i>	4. COLOR OR RACE <i>Coe</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-1-1898		
7. AGE	YEARS	MONTHS
	33	7
		17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **54 3**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **134 0**

10. Date deceased last worked at this occupation (month and year) **17 9**

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alger**

FATHER 13. NAME **Alfred Cook**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Edith Hockett**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **A. Gertrude Creath #2**
(ADDRESS) **City Hospital #2**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Greenwood Cemetery** DATE **Nov. 23 1931**

19. UNDERTAKER **S. D. Little**
(ADDRESS) **13317 Morgan St.**

20. FILED **Nov 23 1931**
Walt J. Mendenhall
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-18**, 19**31**

22. I HEREBY CERTIFY, That I attended deceased from **11-6**, 19**31**, to **11-18**, 19**31**

I last saw her alive on **11-18**, 19**31**; Death is said to have occurred on the date stated above, at **12** m.

The principal cause of death and related causes of importance were as follows:

Generalized Pilonitis (non tubercular)

Date of onset

Other contributory causes of importance:

Uterine Fibroid Benign

Name of operation **Hysterectomy** Date of **11-16-31**

What test confirmed diagnosis? **Smear** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify **Non tubercular** M. D.

(Signed) **Walt J. Mendenhall** (Address) **City Hospital #2**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

