

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

Do not use this space.

6679

**1. PLACE OF DEATH**

County .....

Registration District No. ....

Township .....

Primary Registration District No. ....

City St. Louis (No. City Hospital)

File No. ....  
Registered No. 1754  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1533 Pine St., 25 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 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 (widowed)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19-1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
63 ~~62~~ 3 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk 233 University Hotel

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1533 Pine

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Knoxville (STATE OR COUNTRY) Tennessee

13. NAME Christ Cook

14. BIRTHPLACE (CITY OR TOWN) No Carolina (STATE OR COUNTRY)

15. MAIDEN NAME Mary Crawley

16. BIRTHPLACE (CITY OR TOWN) Jenn (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Hospital Information Chase St. Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonne Terre Mo DATE 2-24 32

19. UNDERTAKER (ADDRESS) Rowland Mortuary Service 5224 Olive St. St. Louis

20. FILED FEB 23 1932 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 21st 1932 to Feb. 22nd 1932  
I last saw him alive on Feb. 22nd 1932 Death is said to have occurred on the date stated above, at 3:15 p.m.  
The principal cause of death and related causes of importance were as follows:

108  
Lobar Pneumonia  
Other contributory causes of importance: 108  
Date of onset

23. Name of operation ..... Date of .....  
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 ..... 1

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify .....  
(Signed) Thos. M. H. H. H. M. D.  
(Address) City Hospital

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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