

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

Do not use this space.

✓ 33861
File No. _____
Registered No. **9162**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **5942 FLOY**)

2. FULL NAME

LOUIS COOK
(a) Residence, No. **5942 Floy** St. **7** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 31 1860**

7. AGE YEARS **72** MONTHS **2** DAYS **15** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Salesman**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Iron dealer.**
10. Date deceased last worked at this occupation (month and year) **Oct 14 - 32** 11. Total time (years) spent in this occupation **4 yrs**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Warrenton Mo.**

FATHER 13. NAME **Daniel Cook**

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

MOTHER 15. MAIDEN NAME **Lidia Davis**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Maryland W. Va.**

17. INFORMANT (ADDRESS) **Daniel Grist 5942 Floy**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Collinsville Ill** DATE **10-17 1932**

19. UNDERTAKER (ADDRESS) **Central City Co 1841 Cass.**

20. FILED **OCT 16 1932** **Mag C. Starkloff** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 14 1932**

22. **NO** I HEREBY CERTIFY, That I attended deceased from **Physician in attendance** 19____ to 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at **2:40 p.m.**

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

Chronic Myocarditis
Date of onset _____

Other contributory causes of importance: **990**

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 **Fire Injury**

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) **J. W. Kerns** M. D.
Dip. Cer.

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

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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