

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

Do not use this space.

27989

1. PLACE OF DEATH

County.....

Registration District No. 181

File No.

Township.....

Primary Registration District No. 103

Registered No. 7051

City St. Louis (No. City Hospital)

St. Ward

2. FULL NAME

(a) Residence, No. 364 1/2 S. Olive Ward 17
(Usual place of abode)

Length of residence in city or town where death occurred 64 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Carrie Cook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14, 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>64</u>	<u>5</u>	<u>0</u>	<u>0</u>	

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

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.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Thomas Cooke

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary Penhoun

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

17. INFORMANT (ADDRESS) Sharp Infirmary

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter Cemetery DATE Aug 15, 1933

19. UNDERTAKER (ADDRESS) Mr. J. Robert

20. FILED 15 1933

Registrar. J. F. Brebeck

MEDICAL CERTIFICATE OF DEATH

2. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-6, 1933 to 8-14, 1933

I last saw him alive on 8-14, 1933 Death is said to have occurred on the date stated above, at 3:10 a.m.

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

Cerebral Arteriosclerosis Date of onset 8-6-33
Cerebral Hemorrhage 8-11-33

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis Clinical Lab 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.....

(Signed) Arthur A. Jones, M. D.
(Address) City Sharp #1

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.

SEP 28 1933

