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.

OCT 11 1934

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

Do not use this space.

34389

File No. 9187

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St Louis (No. , Sanitarium St. Ward)

2. FULL NAME William Cooke

(a) Residence, No. Municipal Lodging House 26 St., Ward.
(Usual place of abode) 134 Pine St.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 68 yrs. 0 mos. 11 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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Jacobson Cooke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1, 1866

7. AGE: Years 68 | Months 0 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Unknown

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Thomas Singleton Cook

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

MOTHER

15. MAIDEN NAME Mary Anne Bailey

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ireland

17. INFORMANT Henry C. Allen M. D. (ADDRESS) 5300 Arsenal

18. BURIAL, CREMATION, OR REMOVAL St Peters DATE Sept 17th 1934

19. UNDERTAKER Wm J Robert & Co (ADDRESS) 1905 S Grand Blvd

20. FILED OCT 11 1934 Jos Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/12/34, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to Sept 12, 1934

I last saw h. alive on Sept 12, 1934. Death is said to have occurred on the date stated above, at 9 45 P m.

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

	Date of onset
Intestinal Obstruction (Cause undetermined)	9/12/34 +
Other contributory causes of importance:	
Senile Dementia	10/19/33 +

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

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

If so, specify

(Signed) Henry C. Allen, M. D.

(Address) 5300 Arsenal

MAR 3 1950