

MAR 5 1935

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

Do not use this space.

6878

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 203
City St. Louis, Mo. (No. 1401 Semple Avenue) St. 6 Ward 1287

2. FULL NAME John L. Cook

(a) Residence, No. 1401 Semple Avenue St. 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6th 1876

7. AGE YEARS 58 MONTHS 5 DAYS 28 If LESS than 1 day, hrs. or min.

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

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) St. Louis, Missouri (STATE OR COUNTRY)

MOTHER 13. NAME Bartholomew Cook

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

15. MAIDEN NAME Margaret Lynch

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

17. INFORMANT Kathleen Cook (ADDRESS) 1401 Semple Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb. 7 1935

19. UNDERTAKER Wick Bros (ADDRESS) 2201 S. Grand Blvd.

20. FILED 3-10-35 19 J. B. Beck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4th 1935

I HEREBY CERTIFY, That I attended deceased from Feb. 1 1935 to Feb. 4 1935

I last saw him alive on Feb. 3 1935. Death is said to have occurred on the date stated above, at 8:45 A.M.

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

Sarcinoma testis genitalys. Date of onset 2
Sarcinoma (ep.) primarily lym.

Other contributory causes of importance: copy Name of operation..... Date of.....
What test confirmed diagnosis? copy 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) Thos. Greener M. D.
(Address) 5435 - Easton

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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Easton & Seelye