

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.

MAR 5 1935

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis (No. St. Johns Hosp.)

File No. 7517

Registered No. 1909

St. Ward)

2. FULL NAME

(a) Residence, No. 2241 Spenser Ave

St. N.R. Ward.

Overland, Mo.
(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 (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10 - 1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.

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

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 Chester R. Cooke

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

15. MAIDEN NAME Calla Newbanks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Effingham, Ill.

17. INFORMANT (ADDRESS) Chester R. Cooke, 2241 Spenser Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Hill Cemetery DATE 2-28-1935

19. UNDERTAKER (ADDRESS) Overland, Mo.

20. FILED FEB 27 1935 J. F. Budeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1934 to Feb 26 1935

I last saw him alive on Feb 26 1935 Death is said

to have occurred on the date stated above, at 8:15 P.M.

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

acute arteriosclerosis & patent inter-ventricular septum

Date of case

1510

Other contributory causes of importance Bilateral bronchitis pneumonia

Feb 24 1935

Name of operation

Date of

What test confirmed diagnosis? 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

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? No

If so, specify

(Signed) Herman J. Klocher M. D.

(Address) 9621 Mapleland Rd. Overland, Mo.

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