

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

36054  
Do not use this space.

NOV 15 1937

791

1003

9631

1. PLACE OF DEATH  
(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis, Mo. (d) Street No. 3755a W. Florissant Registered No. ....  
(e) Length of residence in city or town where death occurred yrs. mos. ds. / (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Christine Cooke,  
(a) Residence, No. 3755a W. Florissant Ave., St. 9 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
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 Edward Cooke,  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13th 1879  
7. AGE YEARS 58 MONTHS 5 DAYS 2 If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as 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 Charles Faust

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

15. MAIDEN NAME Christine Bleish

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

17. INFORMANT (ADDRESS) Mr. Edward Cooke,  
3755a W. Florissant Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cem DATE Oct. 16th, 1937

19. FUNERAL DIRECTOR (ADDRESS) Hy Reimer Mbk. Co.  
1417 N. Market Street.

20. OCT 16 1937 19 J. F. Bredeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 15, 1937 to Oct 15, 1937  
I last saw her alive on Oct. 15, 1937 Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:  
Primary  
Carcinoma of  
ovarium  
Date of onset 49 A

Other contributory causes of importance:  
Carcinoma of liver

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? 1  
If so, specify .....  
(Signed) Wm. Ross Probstman M. D.  
(Address) 1918 East Grand

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.

10  
10  
10  
OCCUPATION  
FATHER  
MOTHER

1974  
21  
1974  
21  
1974  
21

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *A. H. Gialler*

Licensed Embalmer No. *2256*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**