CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

626
Do not use this space.

FEB 12 1938

1. PLACE OF DEATH Homer G Phillips Hospital 791

(a) County..... Registration District No. 1003

(b) Township..... Primary Registration District No..... Registered No. 482

(c) City St. Louis (d) Street No. 2601, N Whittier St.

(e) Length of residence in city or town where death occurred Life yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Aline Cook 200

(a) Residence, No. 4319 St. Louis Ave. Apt. 16 St. 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	C	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1936

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
1	4	22	

OCCUPATION

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

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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Victor Cook

14. BIRTHPLACE (CITY OR TOWN) Austin
(STATE OR COUNTRY) Texas

MOTHER

15. MAIDEN NAME Georgia Smith

16. BIRTHPLACE (CITY OR TOWN) Elkton
(STATE OR COUNTRY) Kentucky

17. INFORMANT Erebyn Hubbard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Jan. 14, 1938

19. FUNERAL DIRECTOR Chas. J. Gates
(ADDRESS) 4107 Finney Ave

20. FILED JAN 14 1938 J. F. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 19 38

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1938, to Jan. 11, 1938
I last saw her alive on Jan. 11, 1938. Death is said to have occurred on the date stated above, at 3:45p m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia (left) — Date of onset 1/10/38

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? clinical 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) H. C. Thorwell, M. D.
(Address) Phillips Hosp.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Self

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

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