

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

9435  
Do not use this space.

REC'D APR 11 1938

791  
1938

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City Saint Louis (d) Street No. 3136 Rutger Street, St. ....  
 (If death occurred in hospital or institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred Unavailable (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Daisy Cook 200

(a) Residence, No. 3136 Rutger Street, St. 18 (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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, ~~WIFE OF~~ ~~HUSBAND~~  
~~X~~ ~~WIFE~~ ~~OF~~ Thomas Cook  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
50 8 27

OCCUPATION 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) March 1938 11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (CITY OR TOWN) Columbus  
 (STATE OR COUNTRY) Mississippi

FATHER 13. NAME Erwin Richardson

14. BIRTHPLACE (CITY OR TOWN) Unavailable  
 (STATE OR COUNTRY) Mississippi

MOTHER 15. MAIDEN NAME Dicie Witherspoon

16. BIRTHPLACE (CITY OR TOWN) Unavailable  
 (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Thomas Cook  
3136 Rutger Street

18. BURIAL, CREMATION, OR REMOVAL ST PETERS  
 PLACE Washington Park DATE April 26, 1938

19. FUNERAL DIRECTOR (ADDRESS) Charles J. Bates  
4107 Finney Avenue

20. FILED MAR 30 1938 J. P. Bredet  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 8:30 P. M.  
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:  
Coronary Sclerosis  
Chronic Nephritis

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 ..... 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 Alfred J. Perry, M. D.  
 (Signed) Alfred J. Perry  
 (Address) 1300 Clark Avenue  
deputy coroner

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.

I X12004

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*  
3522

Licensed Embalmer No. \_\_\_\_\_

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.)