

REC'D JUN 7 1938

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

19493
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Jefferson Primary Registration District No. 109
(c) City Maplewood (d) Street No. 2629 Hope Avenue 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 823

2. PRINT FULL NAME Sarah Elizabeth Cooke 200

(a) Residence, No. 2629 Hope Avenue St. (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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 11 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret. Housewife
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) Unknown 1
(STATE OR COUNTRY) Ohio

13. NAME Joseph Jenkins 4

14. BIRTHPLACE (CITY OR TOWN) Wales 4
(STATE OR COUNTRY) England

15. MAIDEN NAME Lavinia Griffiths

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) England

17. INFORMANT Mrs. Billinsky
(ADDRESS) 2629 Hope Ave., Maplewood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE May 9, 1938

19. FUNERAL DIRECTOR Jay B. Smith Funeral Home
(ADDRESS) 7456 Manchester Ave, Maplewood, Mo.

20. FILED 1938 J. R. Meyer, M.D. Dist. 21
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1938, to May 6th, 1938
I last saw her alive on May 6th, 1938. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Septicemia 1/2
Cholecystitis 5/1/38
127°

Other contributory causes of importance;
Cholecystitis 5/1/38

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? No
If so, specify _____
(Signed) Joseph Hanchel, M. D.
(Address) 7363rd Manchester Ave
Maplewood Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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, V. E. Morris, Licensed Embalmer No. 3360

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed V. E. Morris

Licensed Embalmer No. 3360

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.)