

REC'D DEC 12 1938

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

37200

Do not use this space.

1. PLACE OF DEATH

(a) County | Registration District No. **791**
(b) Township Primary Registration District No. **1008** Registered No. **9527**
(c) City **St. Louis** (d) Street No. **Barnes Hospital** St. **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.

2. PRINT FULL NAME

125 **IABCHANKA - MRS. ELBA**
(a) Residence, No. **PI. HEMATITE, MO.** St. **RI** (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) **Divorced**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Divorced - Unknown**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **4-20-1905**
7. AGE YEARS **33** MONTHS **6** DAYS **11** If LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Cashier**
9. Industry or business in which work was done, as saw mill, bank, etc. **Plate Glass Factory**
10. Date deceased last worked at this occupation (month and year) **10/26/1938** 11. Total time (years) spent in this occupation **2 1/2**
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Francis, Mo.**
FATHER 13. NAME **Peter Rudolph Cook**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Jefferson Co. Mo.**
MOTHER 15. MAIDEN NAME **Sara Gardner**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Harrison Co. Mo.**

17. INFORMANT (ADDRESS) **Mrs. Sara Cook Hematite MO RI**
18. BURIAL, CREMATION, OR REMOVAL PLACE **Woodlawn Cemetery 11/4 1938**
19. FUNERAL DIRECTOR (ADDRESS) **De Solo, Mo. South Center Mortuary 4024 Gingles Bl.**
20. FILED **NOV 20 1938** 19. **J. Bredeck** Local Registrar.

NON-ATTENDING PHYSICIAN'S

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/1/1938**
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 **1:15 A.M.**
The principal cause of death and related causes of importance were as follows:

Multiple healing ulcers, bed sores, Bronchopneumonia, Fracture of right leg, suffered when Chevrolet Coupe driven by deceased was struck by Missouri Pacific Train at Hematite
Other contributory causes of importance: **Missouri, about 4:35 P.M., Sept. 26, 1938.**

CAUSE & MANNER OF SAME COULD NOT BE DETERMINED

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 **9/26/1938**
Where did injury occur? **Hematite, Mo.** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **In Public Place**
Manner of injury **See Above**
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify
(Signed) **Joseph M. Sweeney** M.D.
(Address) **Deputy Coroner**

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 Harold G. Rowland
Licensed Embalmer No. 3114

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.)