

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.

25 1938

REC'D DEC 8 1938

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

40285  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County St. Louis Registration District No. 784  
 (b) Township Clayton Primary Registration District No. 101 Registered No. 1927  
 (c) City Clayton (d) Street No. St. Louis County Hospital 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 Laura Cooksley  
 (a) Residence, No. 252 Georgia, Ferguson, Mo. 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/8/1865  
 7. AGE YEARS 73 MONTHS 6 DAYS 15 If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY) Minn.  
 13. NAME Miles Brown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minn.  
 15. MAIDEN NAME ?  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT daughter, Madge Plank  
 (ADDRESS) 256 Georgia, Ferguson, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE LeRoy, Ill DATE 11/27/38  
 19. FUNERAL DIRECTOR (NAME) Preitsch Funeral Home  
 (ADDRESS) 5966 Easton, Wellston, Mo.  
 20. FILED NOV 25 1938 T. R. Meyer, Jr. S. R. P. Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/23/38 1938  
 22. I HEREBY CERTIFY That I attended deceased from 11/15/38 to 11/23/38, 1938  
 I last saw her alive on 11/23/38, 1938. Death is said to have occurred on the date stated above, at 1:50 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Bacterial  
Chronic Myocarditis + degenerative  
 Date of onset 11/12/38  
many years

Other contributory causes of importance: 108

Name of operation typing type Date of Autopsy  
 What test confirmed diagnosis? yes 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, 1938  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased?  
 (Signed) Donald R. Roberts M. D.  
 (Address) County Hospital, Clayton.

AUG 13 1941

FEB 16 1950

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**