

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.

NOV 22 1938  
 DEC 8 1938

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

40383  
 Do not use this space.

**1. PLACE OF DEATH**  
 (a) County St. Louis Registration District No. 784  
 (b) Township 1 Primary Registration District No. 115  
 (c) City University City Mo. (d) Street No. 6260 Cates Ave. 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** Charlotte Clayton Cook  
 (a) Residence, No. 6260 Cates Ave. 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 Abraham Cook  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-20-1878  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 6 1

**OCCUPATION**  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house-wife  
 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

**FATHER**  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England #  
 13. NAME John Clayton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England #  
**MOTHER**  
 15. MAIDEN NAME Ann Cockroft  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England #  
 17. INFORMANT Thelma C. Stiers  
 (ADDRESS) 6260 Cates Ave.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Camp DATE Wed. 11-23-38  
 19. FUNERAL DIRECTOR (NAME) Alexander S. Sines  
 (ADDRESS) 6175 Delmar Blvd.  
 20. FILED NOV 22 1938 T. R. Ingersoll Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 21, 1938  
 22. I HEREBY CERTIFY, That I attended deceased from July 18, 1938, to Nov 21, 1938.  
 I last saw him alive on Nov 21, 1938. Death is said to have occurred on the date stated above, at 9:50 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage (right) Date of onset 10 hrs  
Hypertension 6 yrs.  
 Other contributory causes of importance: SOB  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical Was there an autopsy? no  
 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 M. Gordon M. D.  
 (Address) 520 W. Lafayette

**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, .....

*J. W. Binsley*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*J. W. Binsley*

Licensed Embalmer No. ....

*3653*

P. O. Address

*St. Louis, Mo.*

**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.**