DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33488

Registration District No. [redacted] Primary Registration District No. 200 Registrar's No. 139

1. PLACE OF DEATH:

(a) County: ST LOUIS 1

(b) City or town: KOCH Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: KOCH HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr - 6 mos - 15 days (Specify whether years, months or days) In this community Same

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: 1

(c) City or town: ST LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 2334 SPRUCE (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: CHARLES COOK Jr

3. (b) If veteran, name war: ____

3. (c) Social Security No. 498-01-6306

4. Sex: Male

5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: DORIS COOK

6. (c) Age of husband or wife if alive: 28 years

7. Birth date of deceased: September (Month) 9 (Day) 1908 (Year)

8. AGE: Years 31 Months 0 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace: REFORM (City, town, or county) ALABAMA (State or foreign country)

10. Usual occupation: FOUNDRY WORKER

11. Industry or business: STEEL INDUSTRY 1

FATHER
12. Name: JOHN COOK 1
13. Birthplace: REFORM (City, town, or county) ALABAMA (State or foreign country)

MOTHER
14. Maiden name: RUTH MOORE
15. Birthplace: STELLA (City, town, or county) MISSISSIPPI (State or foreign country)

16. (a) Informant's own signature: Ozella Terry
(b) Address: 2334 Spruce St.

17. (a) ____ (Burial, cremation, or removal) (b) Date thereof: 10-3-39 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: E. A. Gideon
(b) Address: 2915 Franklin Ave

19. (a) OCT 4 1939 (Date received local registrar) (b) R. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 1 year 1939 hour 3 minute 35 P.M.

21. I hereby certify that I attended the deceased from July 1, 1939, to October 1, 1939; that I last saw him alive on October 1, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic pulmonary tuberculosis	2 yrs.
Due to	
Due to 22	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ____
Of autopsy: chronic pulmonary tuberculosis; intestinal tuberculosis

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): ____
(b) Date of occurrence: ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ____ (Specify type of place)
While at work? ____ (e) Means of injury: 1

23. Signature: Clyde R. Metzler (M. D.)
Address: Koch Missouri Date signed 10-1-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

BOM-S-17-39 Rev. 5-17-39 1 X19811

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. 2963

P. O. Address 2915 FRANKLIN.

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.