

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16941

State File No. _____

Registrar's No. **4419**

Registration District No. **791**

Primary Registration District No. **1003**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town **ST LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **DEACONESS HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 DAYS**
(Specify whether _____)
In this community _____
years, months or days **2 1/2**

3. (a) PRINT FULL NAME **MELIDA SULLIVAN COOK**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **JAMES F COOK** 6. (c) Age of husband or wife if alive **65** years
7. Birth date of deceased **JUNE-3-1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 11 13 hr. min.

9. Birthplace **ST LOUIS MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

MOTHER FATHER { 12. Name **LUTHER O. SULLIVAN**
18. Birthplace **FADKNER VIRGINIA**
(City, town, or county) (State or foreign country)
14. Maiden name **MELIDA JACQUEMAN**
15. Birthplace **NAUVOO ILLINOIS**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. F. Cook**
(b) Address **45 Mason Ave**
17. (a) **BURIAL** (b) Date thereof **MAY-18-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **OAK HILL**

18. (a) Signature of funeral director **Parker and Co**
(b) Address **Webster Groves**
19. (a) **MAY 18 1940** (b) **J. P. Broderick**
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **ST LOUIS**
(c) City or town **WEBSTER GROVES, MO**
(If outside city or town limits, write "RURAL")
(d) Street No. **45 MASON AVE**
(If rural, give location)
(e) If foreign born; how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **16**
year **1940** hour **7 PM** minute _____ M.

21. I hereby certify that I attended the deceased from **Apr 26**
19**40**, to **May 16**, 19**40**
that I last saw him alive on **May 16**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombo Cytopenic Purpura** Duration **21 days**

Due to **Diabetes mellitus** 1 yr

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations **Relecting from all organs Relect diseased**
Of autopsy **Not done** PHYSICIAN _____
Underlines 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **J. E. Gaston** (M. D. or other) _____
Address **Webster Groves, Mo** Date signed **5/17/40**

AUG 3 1948

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 *E. L. Aldrich*

Licensed Embalmer No 1332

P. O. Address Webster Groves

Notes. 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.