

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(c) Name of hospital or institution: Homer Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
In this community Life
years, months or days

8. (a) PRINT FULL NAME George Lee Cook
Baby Cook
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 23 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 15 If less than one day hr. _____ min.

9. Birthplace St Louis _____
(City, town, or county) (State or foreign country)

10. Usual occupation Baby

11. Industry or business _____

MOTHER FATHER
12. Name George Cook
13. Birthplace Collisla Ark
(City, town, or county) (State or foreign country)
14. Maiden name Hazel Smith
15. Birthplace Houston Texas
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature George Lee
(b) Address 3136 Franklin Ave

17. (a) Burial (b) Date thereof Aug 12 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. H. Randle
(b) Address 3133 Bell Ave

19. (a) AUG 12 1940 (b) J. H. Randle
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3136 a Franklin
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1940 hour 12:32 minute A. M.

21. I hereby certify that I attended the deceased from July 23, 1940, to August 8, 1940
that I last saw him alive on August 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Staph Albus Septicemia Duration 6 das

Due to generalized from Staph albus infection

Due to _____

Other conditions 36
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 _____

23. Signature J. E. Peace (M. D. or other)
Address 2601 N Whittier Date signed _____

Duration

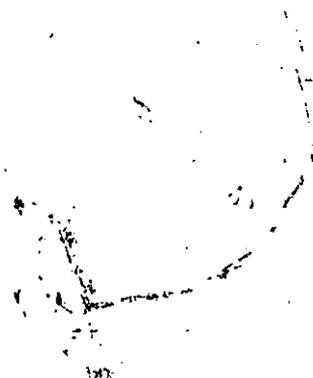
PHYSICIAN

Underline the cause to which death should be charged statistically.

WHILE 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.

1 X1931



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 *Not Embalmed*.....

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.