

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

Do not use this space.

**FILED JAN 22 1941**

**1. PLACE OF DEATH**

County Lechster

Township Hazelwood

City St. Louis

Registration District No. 897

Primary Registration District No. 6102

File No. 44207

Registered No. 26

**2. FULL NAME** Elva Ann Cook

(a) Residence, No. 3 St. 10 Ward. 1

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)**

Single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Dec. 30-1940

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, 3 hrs. or 40 min.

**OCCUPATION**

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.**

**9. Industry or business in which work was done, as silk mill, 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)** Deering Mo

**FATHER**

**13. NAME** J. W. Cook

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Lynn Mo

**MOTHER**

**15. MAIDEN NAME** Margaret Katterman

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Lynn Mo

**17. INFORMANT (ADDRESS)** Elva Ann Cook

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE Bentley Center

DATE 12-31

**19. UNDERTAKER (ADDRESS)** Memorial

**20. FILED** 12/31

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Dec-30, 1940

**22. I HEREBY CERTIFY, That I attended deceased from** Dec 30, 1940, to Dec 30, 1940

I last saw her alive on Dec 30, 1940. Death is said to have occurred on the date stated above, at 11:40 a.m.

The principal cause of death and related causes of importance were as follows:

Premature birth (Lungs 28 oz) 1940

Other contributory causes of importance:

Mother had Influenza

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

**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?**

If so, specify

(Signed) W. H. D.

(Address) Deering Mo

Registrar

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.

RECEIVED

District Health Officer No. 101

District File Number 141-3083

Date Filed JAN 3 1944