

1941 MAY 9

STANDARD CERTIFICATE OF DEATH

State File No. 15790

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 844

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Old Folks Home, 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Estelle Jane 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. Widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. Nov 3 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 5 16 _____ hr. _____ min.

9. Birthplace Troy Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Columbus Carpenter 9
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Harriet Lee
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Records Old Folks Home

(b) Address 711 S. Kirkwood Rd.

17. (a) Burial (b) Date thereof 4-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Louis N. Bopp Inc

(b) Address Kirkwood, Mo.

19. (a) APR 19 1941 (b) 1 B. Meyer, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis 46
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No. 711 S. Kirkwood Rd. 5
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1941 hour _____ minute 2 A. M.

21. I hereby certify that I attended the deceased from 4-1 1941 to 4-19 1941
that I last saw him alive on 4-15-41 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis? Duration _____

Due to _____ 92 D
Due to _____

Other conditions Hypertension
(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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature E. E. Barnett (M. D. or other) 14-18
Address 275 W. Jefferson Date signed _____

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

John M. Meyer

Licensed Embalmer No.

3288

P. O. Address

Burlwood, D

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, fact should be so stated above.