

FILED SEP 17 1941
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:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **7-days** (Specify whether
In this community..... **28 years** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Lillian G. Cooke**

3. (b) If veteran, name war..... **None** 3. (c) Social Security No. **None**

4. Sex..... **F.** 5. Color or race..... **W.** 6. (a) Single, widowed, married, divorced..... **M.**
6. (b) Name of husband or wife..... **Chas. M. Cooke** 6. (c) Age of husband or wife if alive..... **58** years
7. Birth date of deceased..... **June 3rd., 1887**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 **2** **16** hr. min.

9. Birthplace..... **Pa.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At Home**

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Geo. Griswold**
13. Birthplace..... **Pa.**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Charlotte Shirer**
15. Birthplace..... **Pa.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mr. Chas. M. Cooke**

(b) Address..... **304 N. Skinker**

17. (a) **Burial** (b) Date thereof..... **8-22-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Colvary Order J. Donnelly**

18. (a) Signature of funeral director..... **J. Donnelly**

(b) Address..... **3840 Lindell Blvd**

19. (a) **AUG 21 1941** (b) **J. Budak**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County.....
(c) City or town..... **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No..... **304 N. Skinker** (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug.** day..... **19th.** year..... **1941** hour..... **3** minute..... **45** P. M.

21. I hereby certify that I attended the deceased from..... **Aug. 4** 1941 to..... **Aug. 19** 1941
that I last saw her alive on..... **Aug. 19** 1941
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Mesenteric Thrombosis 29 hrs**
Due to..... **Vaginal Hysterectomy**
for adenocarcinoma
of Body of Uterus
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: **Carcinoma of Uterus**
Of operations.....
Of autopsy.....

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?.....

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

23. Signature..... **Fred V. Bennett** (M. D. or other).....
Address..... **713 Metropolitan** Date signed..... **Bldg Aug. 20. 41**

OCT 24 1941

Metro: Bldg. Je. 4141
B-528

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address. 3840 Hindell

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.