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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7793

FILED MAR 10 1942

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 401

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town W Walnut ~~Park~~ Manor
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5472 Janet Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town W Walnut ~~Park~~ MANOR 0
(If outside city or town limits, write "RURAL")

(d) Street No. 5472 Janet Ave. 0
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Bessie Truax Cook

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Frank Rosenthal

6. (c) Age of husband or wife if alive Unk. years

7. Birth date of deceased May (Month) 27 (Day) 1898 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	9	0	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jacob Cook
13. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Annie McHugh
15. Birthplace Boston (City, town, or county) / Mass. (State or foreign country)

16. (a) Informant Mrs. J. M. Schrieber
(b) Address 5472 Janet Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-3-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAR - 2 1942 (Date received local registrar) (b) C. G. McGowan M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 27 day ..... year 1942 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Feb. 18, 1942 to Feb. 27, 1942 that I last saw her alive on Feb. 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the uterus	8 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature R. R. Menown (M. D. or other) MD

Address 5330 Geraldine Date signed 3/2/42

(Licensed Embalmer's Statement on Reverse Side)

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 Wilford G. Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.