

STANDARD CERTIFICATE OF DEATH

State File No. 4269
Registrar's No.

FILED JUN 2 1942 791

1003

Registration District No. Primary Registration District No.

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

34
800
17
9

1. PLACE OF DEATH:
(a) County St. Louis.
(b) City or town St. Louis.
(c) Name of hospital or institution: St. Louis City Hospital No. 1
(d) Length of stay: In hospital or institution 2 Days.
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000 17
(c) City or town St. Louis. 925
(d) Street No. 305 Lucas Ave.
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Charles W. Rook.
(b) If veteran, name war. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14th.
year 1942 hour 5 minute 15 A.M.
21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

4. Sex M. Color or race W.
6. (a) Single, widowed, married, divorced Single.
(b) Name of husband or wife. (c) Age of husband or wife if alive years
7. Birth date of deceased December 14th, 1881
(Month) (Day) (Year)

Immediate cause of death: Tuberculosis, Pneumonia
Due to
Other conditions: 13
(Include pregnancy within 3 months of death)

8. AGE: Years 60 Months 5 Days 0
If less than one day hr. min.

Major findings: Of operations
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace Illinois.
Usual occupation Tailor.

10. Industry or business.
11. Name David C. Rook.
12. Birthplace Pa.
13. Maiden name Elizabeth Willman.
14. Birthplace Indiana.

16. (a) Informant Austin Rook.
(b) Address 3363 So 7th St.
17. (a) Burial (b) Date thereof 5-15-42
(c) Place: burial or cremation St. Matthew Cemetery

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place)
Signature: Arthur J. Donnelly (M. D. or other)
Date signed: 5/14/42

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840
19. (a) MAY 15 1942 (b) Registrar's signature
(Date received local registrar) (Registrar's signature)

741201

JUL 22 1942

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 Lindell

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.