S. No. 2
—9-4-41
. 5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22693

State File No.

Registration District No. 791

Primary Registration District No. 1002

Registrar's No. 6080

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:
2854a Osage /
(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: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 015
(If outside city or town limits, write "RURAL")

(d) Street No. 2854a Osage
(If rural, give location)

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

3. (a) PRINT FULL NAME Friedaricka Cook

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, / divorced Married

6. (b) Name of husband or wife Henry B. Cook

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased September (Month) 13 (Day) 1882 (Year)

8. AGE: Years 59 Months 10 Days 2 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) 6 Mo. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Christopher Fischer
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Henry B. Cook
(b) Address 2854a Osage

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7/18/42 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director [signature]
(b) Address 3013 Meramec

19. (a) JUL 18 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1942 hour 8.00 minute P M.

21. I hereby certify that I attended the deceased from July 12, 1942, to July 15, 1942
that I last saw her alive on July 15, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma left arm.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

55

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 E. R. Sheridan (M. D. ~~or other~~)
Address 2602 So. Grand Date signed 7-16-42

(Licensed Embalmer's Statement on Reverse Side)

2602 S. GRAND
3:30 TO 5 PM

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 George N. Archambault, Registered Apprentice No. XXXXX working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

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.