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S. No. 2
M—5-42
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I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

701

State File No.

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 135

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 17 9 4

(a) State Missouri (b) County

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

(d) Street No. 6423 Wade Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME George Rook

3. (b) If veteran, name war no

3. (c) Social Security No. 495-16-2368

4. Sex M

5. Color or race W 0

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 7, 1890 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
52	10	28	hr. min.

9. Birthplace Crawford Co., Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name John Rook
13. Birthplace Franklin, Mo. 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Allen
(b) Address 6509a Manchester

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) JAN 6 1943 (Date received local registrar) (b) J. F. Birdsall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5, year 1943 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from December 22, 1942 to January 5, 1943 that I last saw him alive on January 5, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Due to Empyemia	
Due to Acute Pericarditis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy above

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 Louis G. Neudorff M.D. (M.D. or other)
Address 1515 Lafayette Avenue, Date signed 1/5/43

(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 W. C. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.