S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 23 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4059

Registrar's No. 1368

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: 3721 NORTH FLORRISSANT
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Ex Monte City Boys H 1 (Specify whether years, months or days)

In this community 58 yrs - 9 mos - 28 days

2. USUAL RESIDENCE OF DEASCED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3721 N. FLORISSANT AVE
(If rural, give location)

(e) Of each of foreign country? No (Yes or No)
If yes, name country No Attending Physician

3. (a) PRINT FULL NAME FRED COOK

3. (b) If veteran, name war —

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ESTHER COOK

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

7. Birth date of deceased APRIL (Month) 21 (Day) 1884 (Year)

8. AGE: Years 58 Months 9 Days ~~28~~ 19 If less than one day ____ hr. ____ min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation UNEMPLOYED

11. Industry or business NONE

FATHER
12. Name FRED COOK
13. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ANNA LATRACE
15. Birthplace FLORRISSANT (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant JAMES COOK
(b) Address 3621 N. 11 St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 1243 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ FRIEDENS CEM.

18. (a) Signature of funeral director Sudmeyer & Son
(b) Address 3934 N. 20 St. St. Louis Mo

19. (a) FEB (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 10 year 1943 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____;
that I last saw h____ alive on ____, 19____;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	
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? No (e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Date signed 2/10/43

(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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5434 Alpha Av

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.