

S. No. 2  
M-5-42  
5-17-39  
I X32873

16533

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 4 1943  
318  
STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. \_\_\_\_\_  
Registrar's No. 4665

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: 3818 Maffitt Ave. /  
(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 000  
(c) City or town St. Louis 17  
(d) Street No. 3818 Maffitt Ave. 9 11  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 17  
year 1943 hour 5 minute 0 P.M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced 2 Widowed  
6. (b) Name of husband or wife Charles Rook  
6. (c) Age of husband or wife if alive years 187 6

21. I hereby certify that I attended the deceased from May 14 to May 17, 1943  
that I last saw her alive on May 17, 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

7. Birth date of deceased: September 28 1876  
(Month) (Day) (Year)  
8. AGE: Years 66 Months 7 Days 19 hr. min.

Due to Myocardial Infarction 1 WK  
Coronary Occlusion 1 WK

9. Birthplace: Syracuse New York /  
(City, town, or county) (State or foreign country)  
10. Usual occupation at Home

Other conditions (Include pregnancy within 3 months of death) 9/4  
PHYSICIAN \_\_\_\_\_

11. Industry or business  
12. Name James Shanessy  
13. Birthplace Co. Clare Ireland /  
(City, town, or county) (State or foreign country)

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

14. Maiden name Mary Mc. Millan  
15. Birthplace Scotland /  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant Edward Rook  
(b) Address 3818 Maffitt Ave.  
17. (a) Burial, cremation, or removal (b) Date thereof 5 - 20 - 43  
(c) Place: burial or cremation Bellefontaine Cem.

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Cullinane Bros.  
(b) Address 1710 N. Grand Blvd.  
19. (a) MAY 19 1943 (b) J. F. Bredsch (Registrar's signature)

23. Signature J. F. Bredsch (M. D. or other) \_\_\_\_\_  
Address 401 Humboldt Bldg. Date signed 5/18/43

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

**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.....

working under my personal supervision.

Registered Apprentice No.....

Signed *Fred Frick*

Licensed Embalmer No. **3186**

P. O. Address **St. Louis, Mo.**

**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.**