

FILED AUG 30 1943

318

Registration District No.

1003

Primary Registration District No.

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(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: **Homer G. Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 mos. 17 days**
(Specify whether **Life**)
In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9 21**
(d) Street No. **2313 Delmar**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Albert Cook**

3. (b) If veteran, **No** name war.....
3. (c) Social Security **No** No.....

4. Sex **Male** 5. **Colored** 6. (a) Single, widowed, married, **2** divorced, **2** widowed
6. (b) Name of husband or wife **Not Known** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 66 ..hr.min.

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

10. Usual occupation **Laborer**

11. Industry or business

12. Name **Not Known**
13. Birthplace **Mo.** (City, town, or county) (State or foreign country)
14. Maiden name **Mo.**
15. Birthplace **Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Sadie Alexander**
(b) Address **2703 Lucas Ave.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug 17, 1943** (Month) (Day) (Year)
Greenwood
(c) Place: burial or cremation **A. L. Beal and Co.**

18. (a) Signature of funeral director **2726 Lucas Ave.**
(b) Address

19. (a) **AUG 17 1943** (Date received local registrar) (b) **J. F. Brueck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **14,**
year **1943** hour **5** minute **20** A.M.

21. I hereby certify that I attended the deceased from **April**
28, 19 **43,** to **August 14,** 19 **43**
that I last saw him alive on **August 14,** 19 **43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Autopsy: Urethral Stricture**
Multiple Urethral Fistulae
Chr. Cystitis - Carcinoma

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) **1/26**

Major findings: Of operations.....
Of autopsy.....

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?

While at work? (Specify type of place) Means of injury.....
23. Signature **G. H. Fleet** (M. D. or other) **8/16/43**
Address **2703 Lucas Ave.** Date signed

Duration **Unk.**
Unk.
Unk.
PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....
....., Registered Apprentice No.
working under my personal supervision.

Signed *Arthur L. Hilliard*

Licensed Embalmer No. *4221*

P. O. Address *4219 E Garfield*

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.