

FILED OCT 23 1943

Registration District No. 318 Primary Registration District No. 100

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

1. PLACE OF DEATH:

(a) County. ~~4833 Labadie Ave~~
 (b) City or town. St Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution. 4833 Labadie
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. St Louis Mo. (b) County. 001
 (c) City or town. St Louis 17
 (If outside city or town limits, write "RURAL") 76
 (d) Street No. 4833 Labadie Ave.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME Tenniel Cook
 (b) If veteran, name war. None
 (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Oct day. 13
 year. 1943 hour. 2 minute. 05 P.M.

4. Sex. Female
 5. Color or race. White
 6. (a) Single, widowed, married, divorced. Married
 (b) Name of husband or wife. Albert
 (c) Age of husband or wife if alive. 13 years
 7. Birth date of deceased. March 13 1860
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 10 to Oct 13 1943
 that I last saw her alive on Oct 13 1943
 and that death occurred on the date and hour stated above.
 Immediate cause of death. Bronchitis - Pneumonia 3 days

8. AGE:	Years	Months	Days	If less than one day
	83	7	0	hr. min.

Due to. 107
 Due to. *Senile Decline*
 Other conditions. (Include pregnancy within 3 months of death)
 Major findings: Of operations
 Of autopsy

9. Birthplace. Texas (City, town, or county) (State or foreign country)
 10. Usual occupation. Housewife

11. Industry or business. Home
 12. Name. Robert Y Vaughan
 13. Birthplace. Tenn (City, town, or county) (State or foreign country)
 14. Maiden name. Martha Triplett
 15. Birthplace. Tenn (City, town, or county) (State or foreign country)

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

16. (a) Informant. Albert Cook
 (b) Address. 4833 Labadie

17. (a) Burial (Burial, cremation, or removal)
 (b) Date thereof. Oct 16 1943 (Month) (Day) (Year)
 (c) Place: burial or cremation. Lake Charles

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) (e) Means of injury. 0

18. (a) Signature of funeral director. Prosser Haddock
 (b) Address. 3710 N. Grand Bly St Louis Mo
 19. (a) OCT 14 1943 (Date received local registrar)
 (b) J. J. Brueck (Registrar's signature)

23. Signature. J. J. Brueck (M. D. or other) 418
 Address. 701 - Olive St. St. Louis Date signed 10-14-43

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 me

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

Signed P. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.