V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39654

FILED DEC 29 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11391

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: 4353 Aldine
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo (b) County 17

(c) City or town St. Louis 91
(If outside city or town limits, write "RURAL")

(d) Street No. 4353 Aldine St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James Cook

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race 2 Col

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 20 (Day) 1881 (Year)

8. AGE: Years 62 Months 4 Days 24 If less than one day hr. min.

9. Birthplace West Point (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Laura Smith
15. Birthplace West Point (City, town, or county) Miss 1 (State or foreign country)

16. (a) Informant Jas. Cook Jr.
(b) Address 4353 Aldine St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 21 43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem.

18. (a) Signature of funeral director McDowell
(b) Address 1711 N. Taylor Ave

19. (a) DEC 20 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14
year 1943 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Dec 26 1943 to Dec 14, 1943
that I last saw him alive on Dec 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardia Asthma

Due to hypertension - La Grippe

Due to 33

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)

Address 1065 N Leffingwell Date signed 12-20-43

(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 William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address .....

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.