No. 2
-5-43
-17-39
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. 199

FILED JAN 20 1944

Registration District No. 8

Primary Registration District No. 1003

Registrar's No. 191

**1. PLACE OF DEATH:**

(a) County

(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 Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days (Specify whether
In this community 30 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 921
(If outside city or town limits, write "RURAL")

(d) Street No. 3314 Delmar
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Maude Cook

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife Orical Cook

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased 12/ (Month) 21/ (Day) 1904 (Year)

8. AGE: Years 39 | Months | Days 12 | If less than one day hr. min.

9. Birthplace Wampool Ary (City, town, or county) / (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Lonnie Holt
13. Birthplace Georgia (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Selma Crook
15. Birthplace Wampool Ark (City, town, or county) / (State or foreign country)

16. (a) Informant Selma Favel
(b) Address 3414 Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-10-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Pinkie L. Toney
(b) Address 3129 Lucas Ave

19. (a) JAN 7 1944 (Date received local registrar) (b) F Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 3, year 1944 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from December 4, 1943 to January 3, 1944 that I last saw her alive on January 3, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Pulmonary Tuberculosis | Unk. |
| 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? (e) Means of injury

23. Signature Alva Moore Jr. (M. D. or other)
Address 601 Whittier St. Date signed 1/11/43

(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~~ me

, Registered Apprentice No.

working under my personal supervision.

Signed Clerk Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**