

No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16254

State File No.

FILED JUN 1 1944

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 4842

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 1 mo., 27 days
(Specify whether)

In this community 2 years
years, months or days

3. (a) PRINT FULL NAME Jennie V. Cook

3. (b) If veteran, name war b none

3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro

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

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 23 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	50	0	0	hr. min.

9. Birthplace Memphis Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant will Cook

(b) Address 908 R. Cass Avenue

17. (a) Burial (b) Date thereof May 29, 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole St.

19. (a) MAY 25 1944 J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17 9 25

(d) Street No. 908 (R) Cass
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23,
year 1944 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 26, 1944 to May 23, 1944
that I last saw er alive on May 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Gangrene of right foot Duration 6 mos.

Due to Diabetes Mellitus Unk.

Due to 61

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?

While at work? (Specify type of place) (c) Means of injury 0

23. Signature [Signature] (M. D. or other)

Address 601 W. [Signature] Date signed 5/23/44

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..... *W. Claude Gordon*.....
Licensed Embalmer No..... *13489*.....
P. O. Address..... *4075 Aldine*.....

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.