

Registration District No. 317Primary Registration District No. 3069Registrar's No. 1272

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Richmond Heights
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Mary's Hospital
 (If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Mary C. Cook

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Fred E. Cook 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 12 1888
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>1</u>	<u>27</u>	hr. min.

9. Birthplace Dykes Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Bookkeeper

11. Industry or business _____

12. Name Henry Hengel
 13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name May Boush
 15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Burrichter
 (b) Address 4940 Emerson Ave
 17. (a) Burial (b) Date thereof 6/12/44
 (Burial, cremation, or removal) (Month) (Day) (Year)
Shipper to Cabool Missouri
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director Stroot - Carroll
 (b) Address 4600 Natural Bridge Ave
 19. (a) JUN 12 1944 (b) C. G. Mahan, M.D.
 (Date received by 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
 (d) Street No. 4940 Emerson Ave
 (If rural, give location) 7
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
 year 1944 hour 1 minute 24a M.

21. I hereby certify that I attended the deceased from May 19 1944 to June 9 1944
 that I last saw her alive on June 9 1944
 and that death occurred on the date and hour stated above

Immediate cause of death acute Myelogenous Leukemia
 Duration 6 mos

Due to _____
 Due to 9/4/44

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 ✓
 23. Signature R. Russell (M. D. or other) 6/10/44
 Address 3720 Washington Date signed _____

NOV 1 1944

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.....

Frank H. Stroot

Licensed Embalmer No.....

2265

P. O. Address.....

4600 Natural Bie

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.