

FILED JUL 24 1944
Registration District No. _____

Primary Registration District No. **3069**

Registrar's No. **1532**

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 MARYS HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 HRS **0**
(Specify whether)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County ST LOUIS **96**
 (c) City or town OVERLAND **13**
(If outside city or town limits, write "RURAL")
 (d) Street No. 2938 HILLEMANN **1**
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME AUDREY ANN COOK
 (b) If veteran, name war NO
 (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 16
 year 1944 hour 12:45 minute A . M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced SINGLE
 (b) Name of husband or wife _____
 (c) Age of husband or wife if alive _____ years

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.
 Immediate cause of death Struck by an auto-mobile while a pedestrian on a public highway. **Duration**

7. Birth date of deceased: June 18 1940
(Month) (Day) (Year)
8. AGE: Years 4 Months 0 Days 28
 If less than one day _____ hr. _____ min.

Due to Multiple internal injuries.
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy Yes. **21**

9. Birthplace: ST LOUIS MO MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation: N.L.

11. Industry or business
MOTHER FATHER
12. Name: Charles B Cook
13. Birthplace: ST LOUIS MO MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name: Kathleen C Kruse
15. Birthplace: ST PAUL MISSOURI
(City, town, or county) (State or foreign country)

PHYSICIAN

 Underline the cause to which death should be charged statistically.

16. (a) Informant: Charles B Cook
(b) Address: 2938 Hillemann
17. (a) Burial (burial, cremation, or removal) (b) Date thereof 7/19/44
(Month) (Day) (Year)
(c) Place: burial or cremation Mt Lebanon cemetery

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): Accident. **096**
(b) Date of occurrence: July 16, 1944
(c) Where did injury occur?: Marshall Ave.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)
 While at work? _____ (c) Means of injury 3

18. (a) Signature of funeral director: Burman Brothers inc
(b) Address: 850x Woodson overland Mo.
19. (a) [Signature] 19 1944 (b) E. J. McHarran, M.D.
(Date received local registrar) (Registrar's signature)

23. Signature: H. S. Grey, M.D. **Deputy Coroner**
Address: Clayton, Mo. **10-44**
 Date signed _____

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

96
308

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. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *Overland Mo.*

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.