

FILED NOV 1 1944
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Primary Registration District No. 1003

Registrar's No. 9082

1. PLACE OF DEATH:
 (a) County None
 (b) City or town ST. Louis, MO
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Isolation Hospital 0
 (If not in hospital or institution, write street number or location)
10-22-43/10-21-44
 (d) Length of stay: In hospital or institution 17 years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County None
 (c) City or town ST. Louis, MO
 (If outside city or town limits, write "RURAL")
2/
 (d) Street No. 3329 Pine
 (If rural, give location)
 (e) Citizen of foreign country? None (Yes or No)
 If yes, name country None 0

3. (a) PRINT FULL NAME Lee Etta Cook

3. (b) If veteran, name was None 3. (c) Social Security No. 491-18-0986

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Husband Arthur Cook 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased September 11 1914
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>30</u>	<u>1</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Paper Factory Worker

11. Industry or business None

12. Name C.C. Austin

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

14. Maiden name Louis Morgan

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

16. (a) Informant Viola Becktame

(b) Address 5600 Arsenal ST.

17. (a) Burial (b) Date thereof 10-28-44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director C. S. Nash

(b) Address 3847 Page Road

19. (a) 10-26-44 (b) J. B. Bredek
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21 / 1944
 year 1944 hour 10 minute 30 P.M.

21. I hereby certify that I attended the deceased from 10/22/43

that I last saw him alive on 10/21 1944
 and that death occurred on the 21st day of October 1944

Immediate cause of death Pulmonary Tuberculosis Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 R. W. Maxwell (M. D. or other) _____
 Address 5600 Arsenal Date signed 10-23

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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

at 3847 Page Road, Registered Apprentice No. _____
working under my personal supervision.

Signed

C. J. Nish

Licensed Embalmer No.

2432

P. O. Address

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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.