

FILED MAR 28 1945

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 2541

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Ada Aline Cook

3. (b) If veteran, name war Nil
3. (c) Social Security No. None

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

6. (b) Name of husband or wife William Henry Cook
6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased April 1 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>11</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Andrew Key

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

14. Maiden name Eliza Adams

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

16. (a) Informant Hazel Lichius

(b) Address Steelville, Mo.

17. (a) Burial (b) Date thereof 3-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steelville, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAP 2, 1944 (b) J. F. Bredick
(Date received local jurisdiction) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford
(c) City or town Steelville
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) NR.
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1945 hour 11 minute 35 a.m.

21. I hereby certify that I attended the deceased from March 14
1945 to March 16 1945.

that I last saw her alive on March 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis
Heart failure

Due to Arteriosclerosis
generalized

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

Major findings:
Of operations _____

Of autopsy None

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 F R Bradley (M. D. certified)
Address Barnes Hospital, Date signed 3/16/45

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

20
17
9

2541

2541

JAN 31 1982

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 *Albert G. Hoffe*
Licensed Embalmer No. *2921*
P. O. Address.....

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.