. No. 2
M—2-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6259

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7339

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1816

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: 412 So. Garrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 30 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 18 17

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

(d) Street No. 412 So. Garrison
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Henrietta Cook

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years abt. 53 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Ike Weber
13. Birthplace (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) Miss. (State or foreign country)

16. (a) Informant Magoline Jones,
(b) Address 412 So. Garrison

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-25-46 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Atkins Bros. Und. Co.
(b) Address 3644 Finney ave.

19. (a) FEB 24 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 46 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from 2/1/46, 19, to 2/14, 1946 that I last saw her alive on 2/17, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Lobar Pneumonia	17 Days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	108
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? (Specify type of place)

While at work (e) Means of injury

23. Signature Carolyn C. Payne (M. D. or other)

Address 3146 a Laclede Date signed 2/19/46

(Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney Ave

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.